

# TWELFTH QUARTERLY REPORT

## **Independent Monitor for the Detroit Police Department**



**Robert S. Warshaw**

### **Independent Monitor**

Office of the Independent Monitor  
Police Performance Solutions, LLC

September 28, 2012



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**SECTION ONE: INTRODUCTION**

On October 5, 2009, the Honorable Julian Abele Cook, Jr., United States District Court Judge for the Eastern District of Michigan, Southern Division (the Court), appointed me to serve as the Independent Monitor of the Use of Force and Conditions of Confinement Consent Judgments in the case United States of America v. City of Detroit, Michigan (the City) and the Detroit Police Department (DPD) No. 03-77758, decided in June 2003. With this appointment and assisted by a team of highly respected professionals, I assumed responsibility for monitoring compliance with the requirements of these Judgments – the implementation of a compilation of generally accepted professional police and confinement policies, procedures, and related practices.

Our Team conducted our first quarterly site visit in November 2009, and has conducted subsequent site visits each subsequent calendar quarter. We have observed considerable change within the City and the Detroit Police Department during our engagement.

Similar to previous reports, the issuance of this report follows an onsite visit to assess and guide the Department's ongoing efforts. This report includes our assessment of the Department's compliance with each of the requirements contained in Judgments. Our findings are based on the results of discussions and meetings with City and DPD staff, observations of operational activities, inspections of facilities, and our review of documents and data covering the period of April 1, through June 30, 2012.

The body of this report is comprised of our assessments of compliance with the individual requirements of the Consent Judgments. We include introductory narratives for each major section of the Use of Force Judgment and one overall narrative for the Conditions of Confinement Judgment. Following these narratives are their respective requirements and our comments regarding the compliance status for each. After these are summary notations of Phase 1 and Phase 2 compliance. A statement of "Critical Issues" follows the reviews of the requirements in each major section of the Judgment. A brief statement of "Next Steps" follows, in which we describe a plan of work for the next visit including a discussion of the data we plan to review. Finally, a table summarizes the compliance finding for that particular section of the Judgment.

Our Team determines compliance through an examination of policies and implementation of practices that support each requirement in the Consent Judgments. Phase 1 compliance is dependent upon the development and adoption of a policy or set of procedures that supports each Consent Judgment requirement. Phase 2 compliance is dependent on the effective implementation of the practices necessary to meet the requirements, consistent with the applicable policy. Full compliance is dependent on both Phase 1 and Phase 2 compliance. Accordingly, we note our finding of "in compliance" or "not in compliance" for each requirement.

Additionally, in the limited circumstances where substantial work and time is required to achieve implementation of a policy or procedure and the related practices, and where ongoing progress is clearly evident, we recognize that progress with the designation "pending compliance." Where there are circumstances in which we are unable to fully determine the compliance status of a requirement due to a lack of data or other reasons, we identify that status with the designation "deferred."

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Verification of compliance with the many parts of the Consent Judgments requires the analysis of multiple instances of activity, reviewing cases, or observations of the practical application of policies and procedures. In those circumstances, our first option is to conduct an analysis-based on a review of all cases or data. Where that is not appropriate or possible, we rely on statistically valid samples of the population. To reach conclusions based on analyses of cases, a minimal standard must be met. To achieve compliance based on these analyses, we have determined that more than 94% of relevant indicators must conform to the provisions articulated in the Judgments.

The independent monitoring of two Consent Judgments is a complex process involving complex issues. The delivery of police services to a community – and the simultaneous retention of the public trust – are perhaps the most fundamental and sacred roles of government. In the course of our responsibilities, we shall endeavor at all times to fulfill our mandate in a manner consistent with these principles.

## **EXECUTIVE SUMMARY**

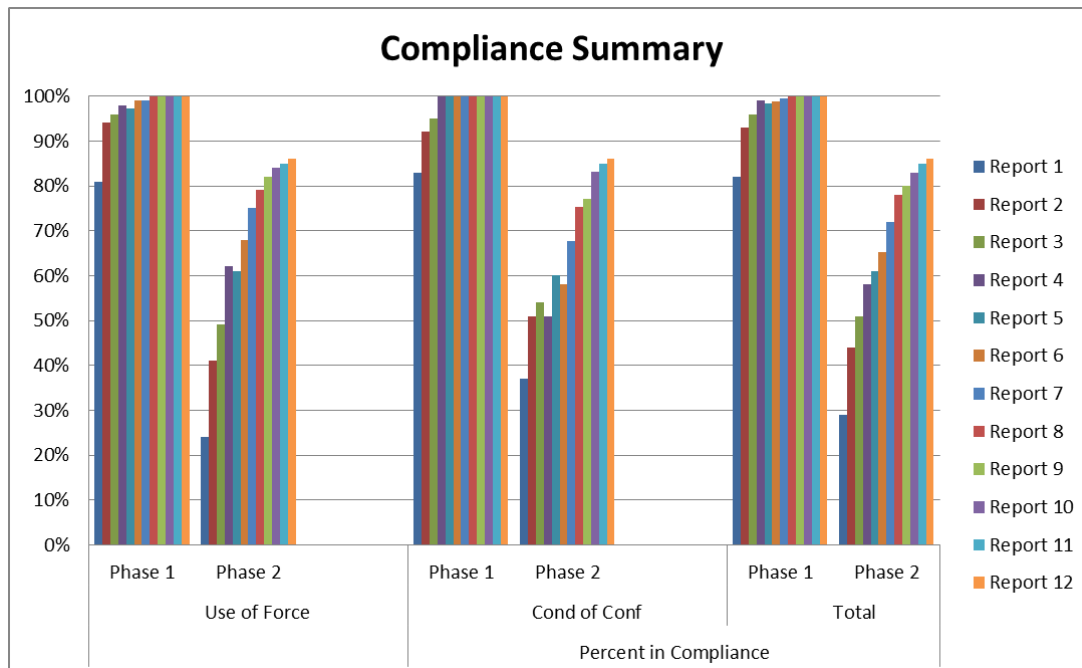
This is our twelfth quarterly report of the Independent Monitor in the case of United States of America v. City of Detroit No. 03-72258. The report is for the period of April 1, through June 30, 2012; and is based on our site visit of July 16, through July 20, 2012; and our subsequent analyses of relevant data from this period. Consistent with the practice we established in our first review, we continue to assess all requirements of both active Judgments for compliance. This includes 110 requirements in the Use of Force Judgment, and an additional 65 requirements in the Conditions of Confinement Judgment. In this executive summary, I will review the levels of compliance found for the reporting period.

With regard to Phase 1 (policy) compliance, for the fifth consecutive reporting period, we found the City and the Police Department in compliance with all requirements of both Judgments. Following the practice we established during the last reporting period, all references to supporting policies, directives, and other relevant documents are listed in Appendices A (Use of Force) and B (Conditions of Confinement).

As noted above, the Department is again in Phase 1 compliance with all 110 (100%) of the Use of Force requirements. For the current reporting period, we also found the Department in Phase 1 and Phase 2 compliance (full compliance) with 95 (86%) of the 110 Use of Force requirements. During this reporting period, one Use of Force requirement is deferred.

As noted above, the Department is again in Phase 1 compliance with all 65 (100%) of the Conditions of Confinement requirements. This level has been maintained since the fourth reporting period. We found the Department in Phase 1 and Phase 2 compliance (full compliance) with 56 (86%) of the 65 requirements. The current figures are presented in the table below. Two requirements under the Conditions of Confinement are in pending status compliance, and three are deferred.





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The table below provides the summary data illustrating the status of compliance over the course of the quarterly reporting periods.

Quarterly Report			Percent in Compliance			
	Use of Force		Cond of Conf		Total	
	Phase 1	Phase 2	Phase 1	Phase 2	Phase 1	Phase 2
<b>Report 1</b>	81%	24%	83%	37%	82%	29%
<b>Report 2</b>	94%	41%	92%	51%	93%	44%
<b>Report 3</b>	96%	49%	95%	54%	96%	51%
<b>Report 4</b>	98%	62%	100%	51%	99%	58%
<b>Report 5</b>	97%	61%	100%	60%	98%	61%
<b>Report 6</b>	99%	68%	100%	58%	99%	65%
<b>Report 7</b>	99%	75%	100%	68%	99%	72%
<b>Report 8</b>	100%	79%	100%	75%	100%	78%
<b>Report 9</b>	100%	82%	100%	77%	100%	80%
<b>Report 10</b>	100%	84%	100%	83%	100%	83%
<b>Report 11</b>	100%	85%	100%	85%	100%	85%
<b>Report 12</b>	100%	86%	100%	86%	100%	86%

The summary tables highlight progress over the course of our twelve reports. The pattern, without a single overall decline, is noteworthy, particularly against the backdrop of budgetary issues facing the Department and the City of Detroit. Even these overall figures, however, can mask developments that are worthy of special attention.

With this report, the final requirement addressing risk management in the Department has come into compliance. It is an important milestone not just as it marks progress but also as a model of resources management. Even before our first report, serious questions had been raised about the viability of the risk management system that was being developed as part of the reform process. Our early test of the system was nothing short of disaster. It was clear that, without extraordinary effort, the system was headed for the scrap pile and a new and very costly replacement would be needed. But the Department put the necessary human resources in place and started down the path of technological improvement and, indeed, innovation. Not only has this led to compliance and avoided the need for a whole new system, the Department is now a national leader in the development and use of this critical management tool. This is an achievement particularly worthy of recognition.

We noted in our last report that progress was fragile and pointed to the return of a backlog in cases at OCI as evidence. We have no fears of similar problems with the MAS system and we are pleased to see that the backlog issue has been addressed and there seems to be no reason to expect another reversal. But as the list of requirements which remain out of compliance dwindles it becomes ever easier to see the areas of concentration for the unfinished business. With regard to the Use of Force Consent Judgment, issues of accountability in investigations linger as do concerns with reviews of investigations as they move up the chain of command. As the Department faces the continuing challenges posed by prisoner detention, critical issues regarding the physical plant, including maintenance and hygiene issues, grow more pressing and

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difficult to defer. At the same time the issues regarding investigations which hold back progress in the Use of Force judgment echoes in unsatisfied requirements of the Conditions of Confinement judgment. It is clearly an area where additional progress must be made.

We cannot end without noting again that we are cognizant of the many challenges faced by the Department and City. The currency of those issues, however, cannot alter the course of reform which began nearly a decade ago but only more recently has marked real progress. The advancements noted in our reports over the past three years are testament to the strong leadership that guides the department and to the commitment, across the organization, to that leadership. The leadership which we believe has helped the Department continue on its path towards full compliance comes from City Hall, the Police Department, the OCI executives and the City's legal advocate. While there is still work to be done, Detroit has now become an example through their understanding of how things are to get done and *why* such things are important. We are certain that even in difficult times the course forward can remain true.

A handwritten signature in cursive script, reading "Robert S. Warshaw". The signature is written in dark ink and is positioned above the printed name of the signatory.

Chief (Ret.) Robert S. Warshaw

*Monitor*

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**SECTION TWO:****COMPLIANCE ASSESSMENTS - THE USE OF FORCE AND  
ARREST AND WITNESS DETENTION CONSENT JUDGMENT****III. USE OF FORCE POLICY**

This section of the Consent Judgment, containing paragraphs U14 through U26, requires that DPD review and revise its general use of force, firearms, and chemical spray policies; select an intermediate impact device and develop guidelines on its use; and provide appropriate training relating to the use of force. To determine compliance with this section's various requirements, we verify that DPD has both developed the required policy and effectively implemented the policy, including providing any necessary and appropriate training.

DPD has conducted the requisite reviews and revisions of policies, which have been approved by the Department of Justice. The revised policies include a force continuum that identifies lethal and less lethal force options; relates the force options to the types of conduct by the individuals justifying the various force options; and describes de-escalation, disengagement, and other appropriate tactics and responses. The revised firearms policies address qualification requirements, approved firearms and ammunition, and a prohibition on the firing at or from moving vehicles. DPD also selected an intermediate impact device, developed guidelines on its use, and provided the required training. The chemical spray policy requires, when appropriate, a verbal warning prior to the deployment of chemical spray; sets forth requirements for decontamination, medical assistance, and requires supervisory approval if the chemical spray is to be used against a crowd. It prohibits officers from using chemical spray on a handcuffed individual in a police vehicle or keeping a sprayed individual face-down.

To assess implementation of these policies for this and previous reporting periods, we visited police districts, precincts, and other commands; met and discussed operational activities with command, supervisory, and training staff; observed training classes; reviewed arrest, use of force, and related police reports; and reviewed investigations of force, detainee injuries, and allegations of force.

During this reporting period, the Deputy Chief of the Civil Rights Integrity Bureau (CRIB) instituted a revised review procedure for all use of force and detainee injury supervisory investigations. This process includes a detailed review by the Office of Civil Rights (OCR) staff prior to final case closure and submission by the command to FI. The objective of the OCR review process is to assist the command in identifying deficiencies and/or required corrective action, when warranted, to enforce a level of supervisory accountability within all levels of the investigating command. Once FI receives a closed case, FI will ensure that the command followed the recommendations and/or required corrections promulgated through the OCR review process.<sup>1</sup>

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<sup>1</sup> DPD 35<sup>th</sup> Quarter Status Report, June 30, 2012.

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To assess compliance with the requirements relating to the issuance and carrying of authorized weapons and ammunition, we examined the investigations of critical firearm discharges by FI. During this reporting period, we reviewed documentation that included 13 critical firearm discharges.

The DPD selected the PR-24 collapsible baton as its impact device, and has provided training on its use to 2,406 members (98%) through the final quarter of the fiscal year. In the use of force reports we reviewed during this reporting period, there were no PR-24 related incidents where a subject was struck in the head. We reviewed instances of chemical spray deployments during this reporting period, and found that there were six cases in which chemical spray was utilized. A warning was articulated prior to its use in all of those cases.

During this reporting period, DPD continued its practice of issuing Roll Call Information Bulletins that are designed to improve member compliance with DPD policy reflecting the Consent Judgment requirements. Below are some examples of some of the pertinent bulletins relating to both Judgments; these were issued between March 30, and June 22, 2012.

Date	Teletype No.	Subject
3/30/2012	12-0245	Reporting/Documenting the "Acquiring of a Target" Audio/Video Review of the Incident
4/6/2012	12-0260	[Revised] Activity Log (DPD250): Documenting the Acquiring of a Target and the Number of Rounds (ammunition) Carried by Members
4/13/2012	12-0268	Securing of Department Issued Weapons
4/20/2012	12-0299	[Revised] Training Directive 11-01a: Reporting and Documenting "Acquiring of a Target" Audio/Video
5/4/2012	12-0343	Procedures for Department Forms
5/11/2012	12-0359	Procedures for Conducting Interviews in Conjunction with Administrative Guidelines
5/18/2012	12-0385	Guidelines for Recording with the New Wireless Microphone in Patrol Vehicles
5/25/2012	12-0403	Supervisor's Responsibilities in Allegations of a Use of Force
6/8/2012	12-0438	Release of Detainees' Authorized Prescription Medication
6/15/2012	12-0459	Desk Blotter Entries for Detainee Food Service and the Cleaning of Holding Cells/Areas
6/22/2012	12-0489	Using "Cut and Paste" Narratives in the Use of Force/Detainee Injury Reports

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**A. General Use of Force Policy**

***CJ Requirement U14***

*The DPD shall revise its use of force policies to define force as that term is defined in this Agreement.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

To assess Phase 2 compliance with this requirement, we reviewed completed use of force investigations, met with DPD staff, and observed relevant operational activities. We also determined that DPD generated 237 uses of force during the last reporting period, and 334 during this reporting period. With that, the percent of all arrests associated with force rose from 3.8% to 5.4%. We will monitor these results over time to see whether this is transitory or reflects a changing pattern. DPD remains in Phase 2 compliance with this requirement.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U15***

*The use of force policy shall incorporate a use of force continuum that:*

- a. identifies when and in what manner the use of lethal and less than lethal force are permitted;*
- b. relates the force options available to officers to the types of conduct by individuals that would justify the use of such force; and*
- c. states that de-escalation, disengagement, area containment, surveillance, waiting out a subject, summoning reinforcements or calling in specialized units are often the appropriate response to a situation.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

Our previous reviews of use of force reports found that they lacked sufficient documentation or specificity with regards to de-escalation and details of actual disengagement to make a definitive determination regarding Phase 2 compliance.<sup>2</sup> In the last reporting period, we found that 63% of the Command Level Investigations we reviewed *contained sufficient explanations of officers' efforts to de-escalate* or implement some of the disengagement responses suggested in U15c.

*Command Level Investigations:* During this reporting period, we reviewed 91 Command Level Investigations, which described the conduct of individuals against whom force was used and the

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<sup>2</sup> Report of the Independent Monitor, issued September 23, 2011.

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corresponding response from the involved officers.<sup>3</sup> In evaluating de-escalation techniques utilized by the officers, we eliminated 37 incidents in which there was no opportunity to attempt de-escalation.<sup>4</sup> There were 54 cases evaluated; in 39 of them, we found evidence of some efforts at de-escalation (72%), an improvement over the 63% registered in the last reporting period. We continue to encourage DPD to emphasize the importance of de-escalation techniques as a means of avoiding violent confrontations between citizens and police, and to emphasize the importance of adequately documenting the steps taken by the officers to minimize the use of force. De-escalation efforts for the purposes of this requirement are those attempted prior to the force being used. Increased video/audio recordings of encounters with the citizens would prove beneficial in achieving compliance with this requirement.

*Force Investigations:* During this reporting period, we reviewed 28 UOF investigations. We found two cases where officers inappropriately escalated force by using choke holds. See U17.

DPD is not in Phase 2 compliance with this requirement.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: Not in Compliance

***CJ Requirement U16***

*The use of force policy shall reinforce that individuals should be provided an opportunity to submit to arrest before force is used and provide that force may be used only when verbal commands and other techniques that do not require the use of force would be ineffective or present a danger to the officer or others.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

*Use of Force Reports:* To assess compliance for this reporting period, we reviewed 224 use of force reports, of which 200 were applicable to this paragraph. We found that 189 (95%) of the 200 included verbal commands and an opportunity to submit to arrest prior to the use of force; or provided a reason why the verbal command was not given.<sup>5</sup>

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<sup>3</sup> We randomly selected 111 cases for review. Of the 111, 20 had no SIR investigations leaving 91 cases for review; of the 20 cases eliminated, seven were assumed by Force Investigations; eight were canine deployments with no contact; four were acquired targets, which do not require SIR investigations; and one, upon further review by DPD, was determined to not be a use of force.

<sup>4</sup> Thirty-seven were eliminated: 14 in March; 10 in April; and 13 in May. Cases that were eliminated included, but were not limited to, the subject fleeing as soon as he sees officers; subjects engaged in assaults as officers arrived; subject striking officers without warning; detainee injury; canine apprehensions with no contact, and attempted suicides.

<sup>5</sup> The base was reduced from 224 to 200 by eight canine deployments, 12 detainee injuries/attempted suicides, and four instances of insufficient time.



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DPD remains in Phase 2 compliance with this portion of this paragraph.

*Force Investigations:* During this reporting period, we reviewed 28 force investigations and found that officers appropriately used verbal commands and provided an opportunity for subjects to submit to arrest prior to the use of force in 11 cases.

The requirements of this CJ paragraph were not applicable in the remaining cases, which involved vehicle pursuits ending in crashes, with fatalities and/or injuries to involved subjects; firearm discharges; or exigent circumstances in which opportunities to give verbal commands were not present. There was one instance involving an unauthorized firearm discharge; the involved officer is facing formal disciplinary action. This represents a 100% compliance rate. DPD is in Phase 2 compliance with the Force Investigations portion of this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U17***

*The use of force policy shall prohibit the use of choke holds and similar carotid holds except where deadly force is authorized.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

*Use of Force Reports:* To assess compliance with this requirement for this reporting period, we reviewed 224 use of force reports and 91 completed Supervisory Investigation Reports (SIRs). There was one case where a subject claimed that he was choked. The officer stated he used a hypoglossal pressure point; the subject verified where the pressure was applied. That pressure point technique is taught by the Training Bureau.

*Force Investigations:* Our review of 28 force investigations for this reporting period identified two incidents wherein DPD officers used choke holds after the subjects were arrested and placed in custody. The DPD investigations determined that the officers used excessive force. Both officers are facing formal discipline.

DPD remains in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U18***

*The DPD shall develop a revised use of force policy within three months of the effective date of this Agreement. The policy shall be submitted for review and approval of the DOJ. The DPD*

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*shall implement the revised use of force policy within three months of the review and approval of the DOJ.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

Full Phase 2 compliance with this paragraph is dependent upon the effective field implementation of the requirements contained in paragraphs U14-17 and U19. We found DPD in Phase 2 compliance with U14, U16, U17, and U19, but not in compliance with U15; therefore, Phase 2 compliance remains deferred.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: Deferred

***CJ Requirement U19***

*The use of force policy shall provide that a strike to the head with an instrument constitutes a use of deadly force.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

*Use of Force Reports:* Our review of 224 use of force reports found no instances of any strikes to the head. DPD is in Phase 2 compliance for use of force reports in this paragraph.

DPD is in Phase 2 compliance with this paragraph for use of force reports.

*Force Investigations:* Our review of 28 investigations completed by Force Investigations revealed no instances where a DPD officer used the Department PR-24 to strike a subject on the head.

DPD is in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U20***

*The DPD shall revise its use of firearms policies to provide that officers must successfully qualify with their department-issued firearm and any other firearm they are authorized to use or carry on-duty on a bi-annual basis, as described in paragraph 113.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

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DPD policy requires officers to attend and qualify at firearms training sessions in the six-month periods ending on December 31 and on June 30 of each year. During the six-month qualification period that ended on December 31, 2011, 99% of the DPD officers who were available to train attended firearms and qualified.

On June 30, 2012, the end of the most recent six-month firearms qualification period (January 1, 2012 through June 30, 2012), 2,394 (98%) of the 2,454 officers available to train attended firearms training and qualified. The DPD remains in Phase 2 compliance with this requirement; 98% of the officers available to train qualified during the six-month period that concluded in December 2011.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U21***

*Officers who fail to re-qualify shall be relieved of police powers and relinquish immediately all department-issued firearms. Those officers who fail to re-qualify after remedial training within a reasonable time shall be subject to disciplinary action, up to and including a recommendation for termination of employment.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

During the current six-month firearms qualification period (January 1, through June 30, 2012), 48 members failed to qualify. Twelve officers were in medical “no gun” status and were not required to attend or participate in firearms training. The 48 officers who did not qualify were reported to CRIB; their guns were removed and they were placed in “no gun” status.

DPD remains in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

**B. Use of Firearms Policy*****CJ Requirement U22***

*The firearm policy shall prohibit shooting at or from a moving vehicle except in exceptional circumstances. The policy shall also prohibit officers from intentionally placing themselves in the path of a moving vehicle.<sup>6</sup>*

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<sup>6</sup> Amended by Court Order dated June 1, 2011; approved by the BOPC, November 3, 2011.

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**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

*Use of Force Reports:* During this reporting period, we reviewed 224 use of force reports and 91 Supervisory Investigation Reports (SIRs), and found no incidents involving officers firing at or from moving vehicles. DPD is in Phase 2 compliance for use of force reports in this requirement.

*Force Investigations:* During this reporting period, we reviewed 28 FI investigations, and found one incident involving officers firing at a moving vehicle. In this case, the suspect vehicle was being pursued for traveling at a high speed; it crashed, and as it was slowly rolling toward a stop, an occupant discharged one round from a firearm at the officers. The bullet struck the windshield of the scout car. Both officers in the scout car returned fire, although the vehicle was not at a complete stop. The DPD found the force justified in this case.

DPD is in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U23***

*The DPD shall identify a limited selection of authorized ammunition and prohibit officers from possessing or using unauthorized firearms or ammunition. The DPD shall specify the number of rounds DPD officers shall carry.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

During previous site visits, we found officers to be carrying authorized weapons and ammunition, and that the Department had implemented a procedure requiring the inspection of officers' weapons and ammunition as part of its required biannual firearms training program which officers are required to attend.

During firearms training, officers fire the ammunition that they are carrying and are issued a new supply of approved ammunition. Ammunition is also checked periodically at roll calls when other police equipment (e.g., handcuffs, chemical spray) is inspected.

During the six-month firearms qualification period that ended on June 30, 2012, 98% of DPD officers participated in the biannual qualifications, where they shot their old ammunition, which was replaced with authorized ammunition. In addition, 478 of these officers qualified with a secondary weapon.

DPD remains in Phase 2 compliance with this requirement.

**Compliance Status:**

Phase 1: In Compliance

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Phase 2: In Compliance

**C. Intermediate Force Device Policy**

***CJ Requirement U24***

*The DPD shall select an intermediate force device, which is between chemical spray and firearms on the force continuum, that can be carried by officers at all times while on-duty. The DPD shall develop a policy regarding the intermediate force device, incorporate the intermediate force device into the force continuum and train all officers in its use on an annual basis.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

*Use of Force Reports:* During this reporting period, we reviewed 224 use of force reports, and found no strikes to the head with the designated intermediate force device (PR-24). At the conclusion of the Fiscal Year 2011-2012 training cycle, a total of 2,406 members (98%) received PR-24 training. DPD remains in Phase 2 compliance with this paragraph for use of force reports.

*Force Investigations:* During this reporting period, we reviewed 28 cases completed by FI; there was one case where an intermediate force device (PR-24) was used. The DPD officer in this case was exonerated in the use of the PR-24.

DPD remains in Phase 2 compliance with this paragraph for Force Investigations.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

**D. Chemical Spray Policy**

***CJ Requirement U25***

*The DPD shall revise its chemical spray policy to require officers to:*

- a. provide a verbal warning and time to allow the subject to comply prior to the use of chemical spray, unless such warnings would present a danger to the officer or others;*
- b. provide an opportunity for decontamination to a sprayed subject within twenty minutes of the application of the spray or apprehension of the subject;*
- c. obtain appropriate medical assistance for sprayed subjects when they complain of continued effects after having been de-contaminated or they indicate that they have a pre-existing medical condition (e.g., asthma, emphysema, bronchitis or heart ailment) that may be aggravated by chemical spray and if such signs are observed the subject shall be immediately conveyed to a local hospital for professional medical treatment; and*
- d. obtain the approval of a supervisor any time chemical spray is used against a crowd.*

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**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

*Use of Force Reports:* To assess compliance for this reporting period, we reviewed 224 use of force reports and 91 Command Level Investigations. We found six deployments of chemical spray, with warnings or danger articulated in all six (100%) of the cases. This is an increase over the percentage registered during the last reporting period, 78%. During our evaluation of decontamination requirements, we found that all (100%) six cases provided details of decontamination within 20 minutes of spraying or capture. This is an increase from the 67% registered during the last reporting period.

In all cases, officers noted that windows were rolled down to allow for proper ventilation during the transport of subjects. Medical assistance was offered to two of the three subjects requiring it, and two of them were transported to a hospital; three of the subjects did not require medical attention.<sup>7</sup>

During this reporting period, there was one reported instance of an officer spraying an unruly crowd. The officer stated that he was targeting a particular individual whom he believed was stirring up the crowd, but at least one other person in the crowd was also sprayed.<sup>8</sup>

As we continue to note, the use of chemical spray by DPD officers is very limited; consequently, the Department's compliance numbers are affected by the failure of one or two officers to document their actions when using chemical spray. This reporting period represents an improvement over previous reporting periods, in that the warnings were provided in all cases prior to the use of chemical spray and the decontaminations were well documented. DPD needs to address the issue of subjects complaining of burning eyes on the scene and determine what the proper response should be – transportation to DRH for medical attention or to a holding facility; however given the overall improved compliance we are moving the DPD to Pending compliance with this portion of the requirement for this reporting period.

*Force Investigations:* During this reporting period, we reviewed 28 cases completed by FI, and there were no cases of chemical spray being used during the arrest of a subject. DPD remains in Phase 2 compliance with the reporting of the use of chemical spray in the use of force investigations.

DPD is not in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

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<sup>7</sup> The one subject was complaining of burning eyes at the scene; in addition his girlfriend told the supervisors her boyfriend's eyes were burning. This was clearly a "complaint of continued effects after having been decontaminated" which requires that the DPD "obtain appropriate medical assistance" yet the subject was transported to a holding facility rather than to DRH or access to other medical assistance.

<sup>8</sup> In the SIR review, the investigating supervisor noted notice is made of the exigent circumstances in which the officers found themselves, precluding prior authorization from a supervisor. They were in the middle of an unfriendly crowd that had gathered following the arson of a residence in the neighborhood, and assistance was still a distance away.

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Phase 2: Pending Compliance

***CJ Requirement U26***

*The DPD shall prohibit officers from using chemical spray on a handcuffed individual in a police vehicle. The DPD shall also prohibit officers from keeping any sprayed subject in a face down position, in order to avoid positional asphyxia.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

*Use of Force Reports:* To assess compliance with these requirements for this reporting period, we reviewed 224 use of force reports, and 91 use of force Command Level Investigations. No handcuffed individuals in a police vehicle were sprayed, and no sprayed individuals were placed face-down. There was one instance where a subject was placed in a scout car, and later an effort was made to handcuff him. The officers were able to place a handcuff on one hand, but the subject's resistance was such that the officers decided to use chemical spray to subdue him and get the other hand cuffed. We do not believe that the tactics used in this incident are DPD-approved tactics; we have recommended that CRIB review this handcuffing process with the Training Bureau. DPD remains in Phase 2 compliance with this portion of the requirement.

*Force Investigations:* During our review of 28 force investigations, we found no instances of DPD officers using chemical spray on a subject who was handcuffed and in the police scout car. There were no incidents of DPD officers deploying chemical spray on a subject that was in a face-down position.

DPD is in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***Critical Issues:***

- The issue of how best to determine DPD's efforts at deescalating and disengaging with respect to use of force situations remains a perplexing issue, and one that affects DPD's compliance with several of the requirements. As we have noted above, an improved reliance on body microphones and a strict requirement that officers utilize them when engaging Detroit citizens could prove beneficial to better documenting the de-escalation techniques.
- DPD is currently providing better documentation of officers' actions associated with their acquiring of a target when the acquiring of a target is the only force utilized. The districts/precincts are providing DPD 568 Forms that include references to the availability of video/audio recordings – and, if they exist – a detailed description of the contents.



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***Next Steps:***

During the next reporting period, we will:

- Continue to monitor the numbers of use of force reports generated during the next reporting period, and continue to discuss with DPD the issue of documenting the de-escalation of use of force situations in an effort to identify a sound methodology for measuring the effort. We will monitor any increase in the reliance on audio recordings to enhance the documentation provided by the officers. We will also meet with CRIB personnel to further discuss the progress being made with the newly established OCR review process.

¶	Requirements	Phase 1 – Policy	Phase 2 – Implementation
14	Revise use of force policies	In Compliance	In Compliance
15	The use of lethal, less lethal force	In Compliance	Not in Compliance
16	Opportunity to submit to arrest	In Compliance	In Compliance
17	Prohibit choke holds	In Compliance	In Compliance
18	Approval of policy	In Compliance	Deferred
19	Strike to the head-deadly force	In Compliance	In Compliance
20	Bi-annual firearms qualification	In Compliance	In Compliance
21	Failure to qualify with firearms	In Compliance	In Compliance
22	Prohibit firing at vehicles	In Compliance	In Compliance
23	Selection of ammunition	In Compliance	In Compliance
24	Intermediate force device	In Compliance	In Compliance
25	Chemical spray policy	In Compliance	Pending Compliance
26	Spraying handcuffed subjects	In Compliance	In Compliance



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**IV DOCUMENTATION, INVESTIGATION, AND REVIEW****A. General Investigations of Police Action*****CJ Requirement U27***

*The DPD and the City shall revise their policies regarding the conduct of all investigations to ensure full, thorough, and complete investigations. All investigations shall, to the extent reasonably possible, determine whether the officer's conduct was justified and the DPD and the City shall prohibit the closing of an investigation being conducted by the DPD and/or the City simply because a subject or complainant is unavailable, unwilling, or unable to cooperate, including a refusal to provide medical records or proof of injury.*

**Comments:**

To assess compliance with these requirements, we meet on a quarterly basis with Command, Internal Affairs, Force Investigations, OCI and other staff. We also review relevant investigative and other reports, including the Department's quarter status reports. The DPD 35th Quarter Status Report, dated June 30, 2012, which sets forth some of the corrective measures initiated by DPD to achieve compliance with this paragraph, notes the following:

"During this reporting quarter the Deputy Chief of CRIB instituted a revised review procedure for all use of force and detainee injury supervisory investigations. This process includes a detailed review by OCR staff prior to final case closure and submission by the command to FI. The objective of the OCR review process is to assist the command in identifying deficiencies and/or required corrective action, when warranted, that shall be instituted in order to enforce a level of supervisory accountability within the investigating command, at all levels. Once received by FI as a closed case, FI will ensure that the command followed the recommendations and/or required corrections promulgated through the OCR review process."

*Command Level Investigations:* To assess DPD's Phase 2 compliance with this paragraph for this reporting period, we again met with relevant staff and reviewed 224 use of force reports resulting in 91 SIRs.<sup>9</sup> There were no instances where a SIR was closed simply because a subject or complainant was unavailable, unwilling, or unable to cooperate, including a refusal to provide medical records or proof of injury. We also found sufficient justification for officers' conduct in 86 (95%) of the SIRs. We found no investigations that were closed prematurely.

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<sup>9</sup> Many of the command-level investigations contained multiple use of force forms. Canine deployments with no contact, acquired target cases, and cases assumed by FI were removed from the numbers reported as SIRs. There was one case in which the SIR was never submitted for review.

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DPD is in Phase 2 compliance with the Command Level portion of this paragraph.

*Force Investigations:* In our previous reports, we noted that our reviews of FI and JIST investigations – which included critical firearm discharges, pursuits, and allegations of excessive force – found these investigations sufficiently detailed to support the findings relating to the conduct of the officer(s) in each case. In addition, no investigations were closed because the subject or complainant was unavailable, unwilling, or unable to cooperate. Although we noted lack of detail or required specificity in early cases, FI addressed these issues with strengthened supervision and in-service training.

During this reporting period, we reviewed 28 FI cases, and found them in compliance with the requirements. DPD is in Phase 2 compliance with the FI cases portion of this paragraph.

*Office of the Chief Investigator:* During our previous reviews of completed cases, we noted that while the case files generally contained sufficient facts to support a determination that justified or did not justify an officer's actions, there were several inconsistencies between investigators, and some cases lacked the necessary information to reach a proper determination. Additionally, we noted cases that were improperly administratively closed, and cases that were significantly overdue, impacting DPD's ability to reach appropriate conclusions many months after the alleged occurrence.

To assess Phase 2 compliance with this paragraph for this reporting period, we reviewed 100 randomly sampled cases from the 579 cases that were closed in April, May, and June 2012. (This represents a 7% increase in closed cases over the previous reporting period.) Generally, the investigations established sufficient facts to support determinations that justified or did not justify the actions of the officer(s) or non-sworn member of the Department.<sup>10</sup> However, we continue to note a significant number of cases that appear to have been closed prematurely (18 cases during the previous reporting period; 16 cases during this reporting period). During this reporting period, four of these cases were closed administratively – three by administrative closure and one by informal complaint resolution (ICR).

The three administratively closed cases each did not meet one of the five criteria for administrative closure (lack of sufficient details as to officers involved, lack of sufficient details as to facts surrounding the incident, lack of merit, or no allegation of misconduct *and* an uncooperative complainant). One involved missing property after the complainant was released from jail. While the complainant ultimately refused to cooperate, the complaint did not lack specificity – the property, date, time, location, and involved officers were provided. Another case stemmed from a complaint of illegal search and damage to property. Two officers were interviewed and then the case was inexplicably administratively closed. The third case involved a complaint of reckless driving on the part of a traffic officer. It was closed for lack of specificity, despite the fact that a date, time, location, and six of the seven digits in the vehicle's identification number were provided. The OCI investigator claimed that she was unable to identify the vehicle; yet a sergeant in the Office of Civil Rights ascertained the involved vehicle with a few minutes of effort.

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<sup>10</sup> If an allegation appropriately received a finding of unfounded or not sustained, justification for the conduct was not assessed since, by definition, its occurrence was either refuted or not substantiated.

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The case that was informally resolved concerned allegations of failure to leave a copy of a search warrant and failure to return property. After 193 days, the decision was made to close the case by ICR. First, it did not meet the criteria for informal resolution (a claim of innocence of a charge or a service complaint); and second, an allegation that officers acted inappropriately in the presence of a female went unaddressed.

Six cases were closed prior to each allegation being addressed. In some cases, allegations documented in the Citizen Complaint Report (CCR) were not investigated. In others, we learned of additional, unaddressed allegations only by listening to interviews. These cases are further described in CJ Requirement U69.

While complainants failed to cooperate in 29% of the cases, their lack of cooperation was not a factor in the closing of these cases.

With an 84% compliance rate, the City is not in compliance with the OCI portion of this paragraph.

*Internal Affairs Division Investigations:* To assess Phase 2 compliance with this paragraph, we interviewed IAD supervisors and selected staff, and reviewed the 24 cases that were closed by IAD in April, May, and June 2012. We assessed the investigations for consistency with the procedures contained in applicable DPD directives and generally accepted law enforcement techniques – specifically relating to procedural fairness, timeliness, confidentiality, and the meticulous reporting of facts and results of an investigation.

We found that all of the cases were sufficiently investigated – including five cases where the complainants and/or witnesses failed to respond to requests to be interviewed. In one case, the complainant never submitted proof of the alleged medical treatment. All of the cases met the requirements of this paragraph.

DPD is in Phase 2 compliance with the IAD portion of this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: Not in Compliance

***CJ Requirement U28***

*The DPD and the City shall ensure that investigations are conducted by a supervisor who did not authorize witness or participate in the incident and that all investigations contain:*

- a. documentation of the name and badge number of all officers involved in or on the scene during the incident and a canvas of the scene to identify civilian witnesses;*
- b. thorough and complete interviews of all witnesses, subject to paragraph 31 below and an effort to resolve material inconsistencies between witness statements;*
- c. photographs of the subject's(s') and officer's(s') injuries or alleged injuries; and*
- d. documentation of any medical care provided.*

**Comments:**

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The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

*Command Level Investigations:* During the last reporting period, we found that thorough and complete interviews were conducted in only 66% of the cases. In addition, of the cases we reviewed that contained material inconsistencies, supervisors attempted to resolve these inconsistencies in only 35%. Photos of officer or subject injuries were ordered in 85% of the cases where they should have been requested.

During this reporting period, we determined the following:

- There were two cases in which the investigating supervisor authorized, witnessed, or participated in the incident; and one that is unknown, as the report was not submitted for review. This resulted in a 97% compliance rate. In 88 (97%) of the cases, the names of all of the officers involved or on the scene during the incident were included. In 84 (92%) of the cases, the investigating supervisor conducted a canvass to identify civilian witnesses or explained why a canvass was not conducted.
- We found that thorough and complete interviews were conducted in only 68 (75%) of the cases. The issues associated with this finding continue as previously documented and include: the one-question interviews; the willingness on the part of investigators to accept general statements from officers; and the failure to ask follow-up questions. We continue to encourage supervisors to focus on the who, what, where, when, why, and how questioning used by journalists and other investigative writers for basic information gathering. We are finding more command-level reviewers, from the first reviewing supervisor through the commander, performing more critical review of the interviews, but not yet in sufficient numbers to materially affect the compliance rate for this category.
- Thirty-six of the cases we reviewed contained material inconsistencies; supervisors attempted to resolve the inconsistencies in 12 (33%) of these. We reiterate that it is incumbent on individuals involved in the command-level review to question material inconsistencies that are not addressed and resolved by the investigator, taking the appropriate corrective actions. First-line supervisors must conduct more critical reviews.
- In 58 cases, photos should have been requested for officer or subject injuries. The reports noted that photos were ordered in 48 (83%) of the cases. Sixty-nine of the cases could have included documentation of medical care; 64 (93%) did. Not all of the administered medical care was related to police actions. Twenty of the cases involved care ranging from psychiatric evaluations to asthma to a need for medications.

We continue to emphasize the need for the critical review of completed investigations, especially at the first reviewing supervisory level, which is the first review level. Inspectors and commanders are becoming more involved in the reviews and that is a positive step, but it is important that they ensure that levels below them are also complying with their responsibilities.

The Command Level Investigations are not in Phase 2 compliance with these requirements.

*Force Investigations:* Our previous reviews of force investigations found appropriate documentation of the name and badge number of all officers involved in or on the scene of the various incidents. The cases also contained witness interviews (recorded and written). The

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investigations we reviewed also contained documentation of canvasses for civilian witnesses and any medical care provided.

To assess compliance for this reporting period, we reviewed 28 force investigations.<sup>11</sup> The case files included complete documentation of the name and badge number of all officers involved in or on the scene of the various incidents, canvasses for civilian witnesses in all applicable cases, and any medical care that was provided.

The investigations contained witness interviews, both written and recorded. We noted continued improvement by FI in addressing material conflicts in investigations. Investigators used recorded statements and video evidence to address material inconsistencies and identify when officers or citizens were untruthful during an investigation.

We found that 16 of the 28 cases required photographs of the subjects' or officers' injuries to meet the requirements of this paragraph. One investigation did not contain photographs of the officer's or subject's injuries as required; however, the DPD identified this omission and initiated formal discipline in this circumstance for the policy violation making the compliance rate for this section >94%.

DPD is in Phase 2 compliance with the FI portion of this paragraph.

*Office of the Chief Investigator:* During this reporting period, we reviewed 100 randomly sampled OCI investigations. All of the cases were investigated by investigators who did not authorize, witness, or participate in the incidents being investigated. In 14 cases, involved officers were not identified by both name and badge number. One case was transferred to Internal Investigations based on the allegations and before steps were taken to identify the officers involved. In two cases, the officers were apparently known but not identified by name and badge number in the investigative summary. In the remaining cases, OCI took diligent steps to identify involved personnel. If they were not identified, they were listed as "unknown."

Canvasses were generally deficient, as outlined in U32. We noted two cases in which investigators failed to attempt to contact potential witnesses. One involved a lack of medical attention in a detention facility. The complainant indicated that both sworn personnel and other detainees were potential witnesses, but DPD made no efforts to identify or interview them. In the other case, the complainant called his mother twice on a cell phone during his interactions with DPD officers so she could hear their demeanor; however, DPD made no apparent attempts to contact her. In many other cases, witnesses refused to cooperate, but investigators documented their steps to try to obtain statements.

In all but one of the cases alleging excessive force that were retained by OCI (one case was transferred to Force Investigations), photographs were referenced where appropriate. In most of the cases, force could not be substantiated and use of force documentation, including photographs, did not exist. In nine cases, it was appropriate to reference medical care; and in all but one, the documentation was included in the investigative packages.

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<sup>11</sup> These investigations included 14 critical firearm discharge events and three vehicle pursuits.

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With greater than 94% compliance with the paragraph requirements, the City is in Phase 2 compliance with the OCI portion of this paragraph.

*Internal Affairs Division Investigations:* We reviewed all 24 IAD cases that were completed by IAD during this reporting period. The investigations consistently included the names and badge numbers of all officers who were involved in or on the scene during an incident. IAD expended particular efforts in identifying officers when allegations of criminal misconduct were reported and the officer(s) was unknown to the complainant. IAD conducted canvasses to identify witnesses or obtain any video recordings that might be available from businesses near the location. IAD now has the capacity to access recordings from in-car video storage from the division's desktop computers. If any related evidence has been recorded, it can be requested from the Technical Services Unit within a 90-day period. We also found in the cases that we reviewed that witnesses were interviewed, and that the investigators made an effort to resolve inconsistencies between witness statements.

DPD is in Phase 2 compliance with the IAD portion of this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: Not in Compliance

***CJ Requirement U29***

*The DPD and the City shall revise their procedures for all investigatory interviews to require:*

- a. officers who witness or are involved in an incident to provide a timely statement regarding the incident (subject to paragraph 31 below);*
- b. whenever practicable and appropriate, interviews of complainants and witnesses be conducted at sites and times convenient for them, including at their residences or places of business; and*
- c. that all IAD, OCI and Critical Firearm Discharge Investigations shall also include in-person video or audio tape-recorded interviews of all complainants, witnesses, and involved DPD officers and prohibit group interviews. In cases where complainants/witnesses refuse in-person video or audio tape recorded interviews, written statements shall be taken and signed by the complainant/witness along with a signed refusal statement by the complainant/witness.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

*Command Level Investigations:* During the last reporting period, we found that in 95% of the cases we reviewed, timely statements were taken from officers who were involved or who witnessed the incident. We also found that the interviews of complainants and witnesses were conducted at sites and times convenient for them in 100% of the cases we reviewed.

During this reporting period, we determined that in 79 (87%) of the 91 cases we reviewed, timely statements were taken from officers who were involved in or witnessed the incident. This



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percentage is lower than the 95% noted in our last report. The interviews of complainants and witnesses were conducted at sites and times convenient for them in 89 (98%) of the 91 cases we reviewed. The reduction in timely statement compliance from the 95% rate during the last reporting period to 87% during this reporting period places DPD in jeopardy regarding its Phase 2 compliance status for the Command Level Investigations. If the rate remains below >94% in our next quarterly evaluation, DPD will be removed from phase 2 compliance at that time.

DPD is in Phase 2 compliance for use of force reports.

*Force Investigations:* In previous reporting periods, we noted that statements were generally taken at sites and times convenient for the person(s) being interviewed. However, we expressed concerns that statements from witness officers were unnecessarily delayed, or that investigators instead relied on the officer's Crisnet report. We noted that there were significant delays in taking Garrity statements due to the practice of awaiting prosecution declinations from the District Attorney. We also noted our concerns regarding the variance in practice between FI and Homicide members of the Joint Incident Shooting Team (JIST) when interviewing witnesses and taking statements. Specifically, we were concerned with the practice adopted by Homicide members of JIST to take written, rather than recorded, statements. This is a longstanding issue that the Department has not yet addressed.

To assess compliance with these requirements for this reporting period, we reviewed 28 closed FI cases, and continued to find much the same as described above. Statements were generally taken at sites and times convenient for the person(s) being interviewed. Statements of non-police witnesses were generally taken in a timely manner, usually within minutes or hours of the event; however, in seven cases, statements that were taken from involved officers under the provisions of Garrity were unnecessarily delayed.

The number of delays with the Garrity interviews of involved officers in these cases decreased from the last reporting period, but remained at an unacceptable level of 52 to 342 days from the date of the incident. During this reporting period, we found no Garrity interviews of witness officers unnecessarily delayed; however, we reviewed one case where the FI investigator did not interview a civilian witness that was a ride-along in the scout car until 31 months after the incident. We have discussed with FI our concern regarding interview delays for a host of reasons – not the least of which is credibility. As we have previously noted, officers' recollections of the facts, weeks and months after an event, particularly one involving the use of deadly force, are externally and perhaps significantly affected by news accounts and their interactions with friends, family, and colleagues, and thus, often altered. The practice of delaying interviews, for whatever reason, mitigates the accuracy and credibility of the information provided by officers. In addition, aside from investigative reasoning regarding the delaying of interviews of involved officers, we find no legitimate basis to delay interviews of witness officers; quite the contrary, there is a compelling need to interview all witnesses – including witness officers – in an expeditious manner.

As reported, the delays discussed above often result from the desire to await a declination decision from the District Attorney. Accordingly, we examined 28 cases closed by FI during this reporting period, and found seven where a prosecutorial decision from the Wayne County District Attorney's Office was sought with the following results:

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- Six of the seven cases involved critical firearm discharge events, and one case involved an in-custody death resulting from a drug overdose.
- All seven cases included Garrity interviews conducted by FI prior to the prosecutorial decision by the District Attorney.
- All seven cases include requests for prosecutorial decisions that are still pending receipt. The oldest prosecutorial decision pending as of June 30, 2012 is 465 days, and the most recent pending request made prior to the end of this reporting period is 12 days. None of the seven cases included Garrity interviews that were completed within 30 days from the date the prosecutorial decision was rendered, or completion of the criminal prosecution, as required by paragraph U38.
- None of the seven cases included Garrity interviews completed within 30 days after the prosecutorial decision was rendered or completion of the criminal prosecution as required by paragraph U38.

There are few situations requiring more diligence or professional police response than an allegation or a perceived use of excessive force – especially when involving a critical firearm discharge. All warrant a priority, thorough response and expeditious conclusion. We encourage the DPD, with the cooperation of the District Attorney, to continue to resolve these issues.

DPD is not in Phase 2 compliance with this portion of this paragraph with a compliance rate of 75%.

*Office of the Chief Investigator:* During previous reporting periods, we noted ongoing issues with untimely interviews, particularly of officers. Interviews of sworn personnel frequently take place many months after the incident complained of. Often, no reason is given for the delay other than the difficulty in scheduling the interviews. We noted that complainant/witness and officer interviews were, with limited exceptions, properly recorded.

During this reporting period, we reviewed 100 randomly sampled investigations. Timely interviews of involved parties, particularly officers, continue to be an issue. In 36 of the cases we reviewed, employee interviews were untimely. In several cases, investigators cited difficulty in scheduling employee interviews as a reason for requesting an extension. However, a review of the Significant Event Logs often revealed that attempts to schedule interviews were not made until well into the 90-day timeframe allowed for investigations, and sometimes after the 90-day mark had passed. In several cases, the first attempt to schedule officer interviews came after an extension request.

Complainants were identified as uncooperative in 29 of the investigations we reviewed. OCI investigators relied on the synopsis contained in the Citizen Complaint Report in these cases. When complainants and witnesses were available for interviews, they were recorded, either over the telephone or in person. Timeliness issues notwithstanding, when interviews were conducted, they were administered and recorded in accordance with requirements. We did not note any instances of complainants or witnesses refusing recorded statements when participating in the investigation.

The City is not in Phase 2 compliance with the OCI portion of this paragraph.



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*Internal Affairs Division Investigations:* During earlier reporting periods, we found that the DPD directive requiring timely statements from officers was inconsistently applied. Interviews of involved witness officers were often delayed with little justification other than unavailability. There were exceptions involving pending criminal proceedings against officers in some cases.

During this reporting period, timely interviews were appropriately conducted in all of the 24 cases that we reviewed.

When the Internal Affairs Alert Teams, who are available or on-call 24 hours a day, respond to a complaint or allegation of criminal activity or serious misconduct by a Department member, preliminary interviews are conducted immediately and according to DPD directives.

In all of the investigations, complainants and witnesses were interviewed at times and sites convenient for them. DPD is in compliance with the IAD portion of this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: Not in Compliance

***CJ Requirement U30***

*The DPD and the City procedures for all investigatory interviews shall prohibit:*

- a. *the use of leading questions that improperly suggest legal justifications for the officer's(s') actions when such questions are contrary to appropriate law enforcement techniques; and*
- b. *the use of interviews via written questions when it is contrary to appropriate law enforcement techniques.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

*Command-Level Investigations:* During the last reporting period, we found 73 cases (96%) in which the question-and-answer format was used to document officer interviews in the SIR; in four (5%), investigators asked improper leading questions.

During this reporting period, we found that in 81 (94%) of 86 cases, the question-and-answer format, without the use of leading questions, was used to document officer interviews in the SIR.<sup>12</sup> In six (7%) of these cases, the investigator utilized leading questions. There were no interviews via written questions contrary to appropriate law enforcement techniques.

DPD is in Phase 2 compliance with the Command Level portion of this requirement.

*Force Investigations:* Our previous review of FI cases for compliance with these requirements found instances where leading questions were contained in written statements. Additionally,

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<sup>12</sup> Five of the cases did not utilize a question-and-answer format, reducing the base to 76 cases.

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when listening to randomly selected recorded interviews conducted by various investigators, we noted that investigators asked leading questions in 80% of the interviews.

We also noted that the details of Garrity interviews are often adversely affected by the excessive delays in scheduling them. Officers being interviewed are routinely referring to their Crisnet reports and/or do not have a recollection of specific details because so much time has elapsed between the incident and the day of their interview. We noted that investigators routinely fail to ask appropriate follow-up questions leaving the interviews appearing to revolve around *reporting* – not *investigating*. And finally we noted our continued concern with investigators' lack of preparation to conduct Garrity interviews.

To assist with the assessment of compliance for this reporting period, we requested several randomly selected recorded statements taken from police officers. The recordings were not received; therefore we are unable to determine whether the deficiencies cited in our previous reports have been resolved. Accordingly, we are deferring findings on this section for this reporting period.

*Office of the Chief Investigator:* OCI supplied digitally recorded interviews for both sworn and civilian interviewees for a randomly selected subset of our review sample. During this reporting period, we listened to 81 interviews (52 employees, 29 citizens) associated with 19 cases. Generally, investigators are employing proper interviewing techniques, using open-ended rather than leading questions. We continue to note some OCI investigators using "Do you recall," rather than simply directly asking a question. This occurred mainly in the older cases in our sample, since we have been encouraging OCI to address this poor interviewing technique for several reporting periods.

During this reporting period, we noted six instances in which leading questions were used. We also noted four instances in which the investigator began the interview by reading the complaint form to complainants and witnesses. Again, this occurred in the older cases, and it appears that OCI has been addressing this issue in the more recent cases because of our recommendation that it eliminate this practice.

Written questions were included in four cases, although it is probable that they were used to structure interviews in many more cases. In each case, the questions we reviewed were appropriate and in keeping with accepted law enforcement practices. During our April site visit, the acting Chief Investigator issued a directive requiring that all investigators "prepare core Garrity questions in advance and attach those questions within the file." This not only serves to structure the interviews, but also allows another investigator to more easily conduct an interview if the primary investigator is unavailable. We anticipate seeing more written questions as we review cases that were opened after the directive was issued.

We note a wide disparity in the interviewing skills of OCI's investigators, and have recommended that supervising investigators either observe the interviews conducted by OCI's investigators or listen to the recordings, in order to identify training needs and provide appropriate, individualized corrective measures. We advised the acting Chief Investigator that during this reporting period, we would review a list of interviews monitored by the supervising

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investigators. The supervising investigators provided documentation that they either observed, or reviewed recordings of, interviews in 51 cases during the reporting period.

The City is in compliance with the OCI portion of this requirement.

*Internal Affairs Division Investigations:* Since the first reporting period, we have found no evidence of the use of leading questions during IAD interviews. During this reporting period, we reviewed all 24 investigations that were completed by IAD, and again, did not find any indication that investigators conducted interviews via the use of leading questions. In all cases, we sought evidence in the case summary that the investigators had asked particular questions to clarify complainants' and witnesses statements, and/or physical evidence.

DPD is in Phase 2 compliance with the IAD portion of this paragraph.

We continue our compliance findings for this paragraph; however the DPD should take the necessary steps to assure requested interview recordings are provided for our review during the next reporting period in order assure continued compliance.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U31***

*The DPD and the City shall develop a protocol for when statements should (and should not) be compelled pursuant to Garrity v. New Jersey, 385 U.S. 493 (1967).*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

The directive provides criminal and administrative guidelines for investigators and supervisors regarding when statements should and should not be compelled from officers during internal investigations. In addition, it requires that all officers sign a Certificate of Notification of Constitutional Rights - Departmental Investigations prior to any interview.

The protocol also requires that all officers sign a Certificate of Notification of Constitutional Rights - Departmental Investigations prior to any interview.

Our reviews of SIR, IAD, FI, and OCI investigations found supervisors and investigators compliant with applicable Garrity requirements. In all of the cases involving officer interviews, proper protocols pursuant to Garrity were followed. Each case contained documentation that officers were advised of their rights, and all of the officer interviews we listened to begin with an on-the-record acknowledgement of Garrity rights. However, we have noted unnecessary delays of interviews with witness officers due to a misconception that these interviews must be delayed pending the completion of a criminal review. This practice mitigates the credibility of both the interviews and the investigations.

Despite this, DPD is in Phase 2 compliance with this paragraph.

**Compliance Status:**

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Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U32***

*The DPD shall revise its policies regarding all investigatory reports and evaluations to require:*

- a. a precise description of the facts and circumstances of the incident, including a detailed account of the subject's(s') or complainant's(s') and officer's(s') actions and an evaluation of the initial stop or seizure;*
- b. a review of all relevant evidence, including circumstantial, direct and physical evidence;*
- c. that the fact that a subject or complainant pled guilty or was found guilty of an offense shall it justify discontinuing the investigation;*
- d. reasonable credibility determinations, with no automatic preference given to an officer's statement over a non-officer's statement or discounting of a witness's statement merely because the witness has some connection to the subject or complainant*
- e. an evaluation of whether an officer complied with DPD policy;*
- f. an evaluation of all uses of force, including the officer's tactics, and any allegations or evidence of misconduct uncovered during the course of the investigation;*
- g. all administrative investigations to be evaluated based on a preponderance of the evidence standard;*
- h. written documentation of the basis for extending the deadline of a report and evaluation and provide that the circumstances justifying an extension do not include an investigator's vacation or furlough and that problems with investigator vacations or workload should result in the matter being reassigned; and*
- i. any recommended non-disciplinary corrective action or disciplinary action be documented in writing.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

Our assessment of compliance with the Phase 2 requirements of this paragraph included interviews with relevant staff; and a review of closed command-level, FI, IAD, and OCI cases.

*Command Level Investigations:* During the current reporting period, we found the following:

- The data reflects a precise description of the facts and circumstances of the incident, including a detailed account of the subject(s) or complainants and officer(s) actions in 58 (64%) of the investigations, a decrease from the 68% registered during the last reporting period. Some of the issues that continue to adversely affect compliance in this area include: insufficient details in any of the interviews; no information as to how the prisoners were handcuffed; interviews that appear almost verbatim from officer to officer; officers providing statements which are evasive and nebulous, and investigators

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not asking follow-up questions; investigators failing to address discrepancies between officer statements; and investigators failing to interview complainants/victims.<sup>13</sup> In 87 (96%) of the cases, an evaluation of the initial stop or seizure was conducted.

- In 52 (72%) of the cases, all of the relevant evidence – including circumstantial, direct, and physical evidence – was reviewed.<sup>14</sup> This is an increase from the 64% we found during the last reporting period. As we have previously mentioned, we are placing greater emphasis on the review of available video and audio recordings in the evaluation of this requirement. We continue to assert that the review of both video and audio recordings of citizen contacts with DPD members is essential to use of force investigations and consequently we continue to recommend, in the strongest of terms, that DPD initiate all of the corrective actions necessary to ensure that encounters are captured in both video and audio recordings. Every effort should be made to review video/audio recordings prior to the submission of the SIR. The failure to have these reviews conducted prior to the submission of the final report is an unacceptable practice. In one of the 91 cases we reviewed, we were unable to determine if the fact that a subject or complainant pled guilty or was found guilty of an offense was considered as evidence of whether a DPD officer engaged in misconduct. We were likewise unable to determine if this information was used to justify discontinuing the investigation.
- Eighty-eight (97%) of the investigations contained evidence that reasonable credibility determinations, with no automatic preference given to an officer's statement over a non-officer's statement, were made to reach conclusions regarding the investigations. This is an increase from the 100% we found during the last reporting period. Eighty-three (91%) of the investigations contained an evaluation of whether or not an officer complied with DPD policy. This is an increase from the 89% we found during the last reporting period. The primary issues impacting on compliance with this requirement continue to include the failure to document officers not recording the shift (no audio recordings of citizen contacts), the officers failing to make force notifications from the scene, officers not utilizing the zone dispatcher to notify of the use of force, and officers not completing their 002 forms in a timely fashion or supervisors not approving them in a timely basis. As previously noted, this failure to deal with policy violations can be corrected through more critical reviews of the investigative work product, getting the issues corrected before submission to MAS. Seventy-eight (98%) of the 80 cases that we reviewed contained an evaluation of the use of force.<sup>15</sup> Officers' tactics were evaluated in 81 (89%) of the cases; during the last reporting period, we found this number to be 100%. There were four cases with misconduct identified; 96% had no misconduct identified.
- Eighty-six (95%) of the 80 cases were evaluated on a preponderance of the evidence standard. This is a decrease from the 99% that we found during the last reporting period. Sixty-nine of the cases (76%) met both the 10- and 30-day submission requirements; of

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<sup>13</sup> This is not an all-inclusive list.

<sup>14</sup> Nineteen of the units had no equipment installed.

<sup>15</sup> Eleven cases were eliminated, as they were detainee injuries or attempted suicides, with no use of force.

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the remaining 22 cases, nine (41%) contained documentation of the delays, either by a formal extension request or by notations in the file reflecting submission dates, return for corrections dates, and final submission dates. Of the 13 that did not, the issues identified included extension requests submitted after the due date, unapproved extension requests, no extension request submitted for a case submitted 50 days after the incident with no explanation, and investigations not assigned in a timely fashion. We continue to urge DPD to provide guidance to the various commands regarding the importance of properly documenting the extensions and the returns of reports for corrections routinely documented in the Timeline section of the SIRs. Documents returned for corrections should reflect the new due dates. There were 70 SIRs in which corrective action might have been taken; corrective action was documented in 58 (83%) of the investigations. Inclusive in the corrective action were misconduct investigations, negative administrative counseling registers, re-instructs, re-training, written reprimands, and verbal counseling.

DPD is not in Phase 2 compliance with the Command Level Investigations portion of this requirement.

*Force Investigations:* Our review of completed FI cases for previous reporting periods found them to be in overall compliance, but we noted cases wherein there was no evaluation of the initial stop and/or seizure; no reference to the presence or absence of circumstantial evidence; and a lack of reference to the conducting of credibility determinations.

To assess compliance for this reporting period, we examined 28 completed case files and noted the continued inclusion of a detailed account of the facts of the event.<sup>16</sup> Investigators evaluated the initial stop/contact in each case, but need to more thoroughly evaluate available direct, circumstantial, and physical evidence. For example, investigators need to review related police reports; medical documentation for injured subjects; and autopsy reports. Investigators miss opportunities to complete thorough and factual investigations when evidence is obtained and not properly analyzed.

During this reporting period, there were no instances where a subject's court-related appearances had any effect on the outcome of investigations.

The files documented some reasonable credibility determinations, but demonstrated the need for FI to continue to provide training on this issue. We found that investigations contained reviews of tactics and identified officers' unrelated conduct violations. Findings were based mostly on a preponderance of evidence standard, and recommended referrals for disciplinary intervention were documented.

We found that investigations contained reviews of tactics and identified officers' unrelated conduct violations. Findings were based mostly on a preponderance of evidence standard, and recommended referrals for disciplinary intervention were documented.

We noted during this assessment that no extensions were requested or documented. Nonetheless, despite the lack of requested extensions, 18 of the 28 (64%) of the submitted FI cases were untimely, and extensions should have been requested and documented. We recognize the

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<sup>16</sup> These investigations included 14 critical firearm discharge events and three vehicle pursuits.



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challenges inherent with effective case management, and recognize the continued efforts of DPD – particularly IAD and FI staff – to address them. Regardless, it is difficult to justify the approval of deadline extensions to conduct interviews, obtain an officer's discipline history, obtain videotapes relating to an event, or locate complainants or subjects weeks or months after an incident.

DPD is not in Phase 2 compliance with the FI portion of this paragraph.

*Office of the Chief Investigator:* We noted in our previous reports that OCI investigations were most often not completed within the prescribed 90-day timeframe. Requests for extensions were frequently submitted well after the case was overdue, and adequate justification of the need for the extension was rarely provided. The delay in securing timely interviews has been a recurring problem that has impacted the quality of the investigations. However, OCI investigations have generally been factual and complete, and more often than not the preponderance of evidence standard is used in reaching determinations.

During the current reporting period, we reviewed 100 randomly selected cases. One complaint was filed in 2010. Forty-six of the complaints were lodged in 2011. Fifty-three cases were received – and closed – in 2012. In all of the cases, there was a precise description of the facts and circumstances of the incident complained of. However, we noted six cases in which additional allegations were raised during interviews, but not documented or addressed. In one case, a detainee indicated that he became ill during his two-day incarceration because he was not given his prescription medication. Not only was this complaint not documented or investigated, but the investigator wrote that the complainant “did not indicate that he had other health concerns.” In the other five cases, either complainants or witnesses complained of profane language being used by DPD officers. The investigators did not address these demeanor allegations. In one of these cases, an investigator wrote that a witness stated the officers were “not rude or unprofessional,” despite the witness’ claim that officers used profanity.

In two cases, OCI did not consider the relevant evidence available in a case. One case involved the allegation of poor driving mentioned above, in which there was clearly enough information to identify the vehicle. The other case, also mentioned above, involved the complainant calling his mother on two separate cell phones during his encounter with DPD so that she could listen to their interactions.

We note that investigators generally explore the availability of video evidence in cases where it is appropriate. In 37 cases, investigators appropriately inquired as to the availability of video. In 29, or 76%, of these cases, video evidence was not available. This is concerning, given the large monetary and resource investment that DPD has made in this technology. We continue to recommend that investigators inquire about video as early in the investigation as possible, as retention times for both DPD and private sources can result in the deletion of the video before it can be acquired. In addition, there were eight other cases in which video evidence might have been available, but OCI did not document any efforts to obtain it.

We found no evidence where a complainant's conviction or guilty plea had a bearing on the investigation. However, credibility assessments were lacking for both officers and complainants/witnesses.

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In all of the cases we reviewed, we noted appropriate evaluation of whether officers complied with DPD policy.<sup>17</sup>

In four cases, OCI did not discover potential misconduct. Two involved possible truthfulness allegations, in that the officers were sustained for activity they denied during their interviews. In one, a complaint of rudeness in a detention facility, an officer's denial was refuted by video evidence. In the other case, a demeanor allegation during an investigation at a business establishment was sustained based on witness statements. In another case, we learned through listening to interviews that the investigator went to great lengths to establish that officers failed to make a mandatory arrest in a domestic violence investigation. However, this was never documented or treated as a separate allegation. In the last case, an officer admitted to using profanity. While this was identified in the summary of his statement, it was not addressed as potential misconduct.

In 13 cases, the preponderance of evidence standard was not used. This is based on our determination that not all potential evidence was considered, or different findings were warranted based on the documentation provided for our review. For example, allegations that were unfounded or exonerated by investigators would more appropriately be classified as not sustained based on the information in the case file.

Sixty-three of the cases we reviewed were not completed within the prescribed 90-day time period. Written requests for extension were submitted in 33 of these 63 cases, frequently after the investigations were already overdue. None of the requests mentioned workload as a reason for the extension in contradiction of policy and this paragraph. As a rule, the extension requests do not adequately identify why the extensions are required, nor do they explain long periods of investigative inactivity leading up to the requests. In at least seven cases, investigators cited the difficulty in scheduling Garrity interviews as the reason for needing an extension. In each of these cases, the first attempt to schedule these interviews came after the extension requests were filed. In another case, an investigator identified the need to interview both witnesses and officers. No witnesses existed in the case and the involved officers were never identified, much less interviewed. We noted several other requests that contained boilerplate language, or simply asked for an extension with no justification given – leading us to conclude that extension requests are routinely approved with little or no verification of their content.

There were no cases in which corrective action or disciplinary action was recommended as a result of the investigation. All sustained cases were referred to the Office of the Chief of Police “for appropriate action.”

We reviewed several cases in which the canvasses were either deficient or performed so long after the alleged occurrence as to have no investigative value.

In summary, although appropriate directives are in place, our analysis of OCI investigations does not support a Phase 2 compliance finding with this paragraph.

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<sup>17</sup> If an allegation appropriately received a finding of unfounded or not sustained, evaluation of policy compliance was not assessed since, by definition, its occurrence was either refuted or not substantiated.



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*Internal Affairs Division Investigations:* Our review during this reporting period found that the IAD investigative packages continue to be well organized, and elements of the investigation are easy to locate. We found that the IAD investigations were conducted in a professional manner. The supervisor meets with the investigators every two weeks to discuss the case progress and grant extensions when necessary. During this review of 24 completed IAD investigations, we found that there were precise descriptions of the incidents and reviews of all relevant evidence. There were three cases that exceeded the 90-day requirement. In those cases, extensions were requested and appropriately granted. Appropriate credibility determinations were made in all of the cases, and ultimately the determinations were made using the preponderance of evidence standard. In four of the 24 investigations, additional DPD policy violations were identified and sustained.

DPD is in compliance with the IAD portion of this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: Not in Compliance

***CJ Requirement U33***

*The DPD shall revise its policies regarding the review of all investigations to require:*

- a. investigations to be reviewed by the chain of command above the investigator;*
- b. the reviewing supervisors to identify any deficiencies in those investigations and require the investigator to correct any deficiencies within seven days of the submission of the report and evaluation to the reviewing supervisor;*
- c. the reviewing supervisors to recommend and the final reviewing authority to refer any incident with training, policy or procedural implications to the appropriate DPD unit;*
- d. appropriate non-disciplinary corrective action and/or disciplinary action when an investigator fails to conduct or reviewing supervisor fails to evaluate an investigation appropriately; and*
- e. a written explanation by any supervisor, including the Chief of Police, who disagrees with a finding or departs from a recommended non-disciplinary corrective action or disciplinary action, including the basis for the departure.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

Our assessment of compliance with the Phase 2 requirements of this paragraph included interviews with staff; and a review of closed command-level, FI, IAD, and OCI cases.

*Command Level Investigations:* Our assessment for this reporting period found that in 88 (97%) of the 91 SIRs reviewed there was a chain of command review above the investigator. DPD identified deficiencies in 83 (91%) of the 80 cases, with 51 requiring corrections within seven days of submission. In 10 of the cases, DPD made recommendations that training, policy, or

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procedural issues be referred to the appropriate DPD unit. In 13 instances, the final reviewing authority referred the matter to an appropriate DPD unit. There were 17 instances of DPD taking corrective action for investigations that were not conducted properly; the corrective action included re-instruction, training, and the issuance of corrective memos. There were six instances where appropriate actions were taken for investigations that had not been evaluated appropriately by the reviewing supervisor, to include re-instruction and Negative Administrative Counseling Registers.

As we have previously mentioned, the review of SIRs by the command level remains the most critical step in the conduct of these investigations. We note that during this reporting period inspectors and commanders have become more involved in critical reviews of the investigations. It is incumbent on that level to continue to correct deficiencies in the investigations, and to ensure that the appropriate units are consulted if any procedural or tactical issues are identified.

DPD is not in compliance with the Command Level Investigations portion of this paragraph.

*Force Investigations:* In our previous reviews of FI cases for compliance with these requirements, we noted that the case files included chain of command reviews and recommended referrals to training. The investigations also included references to supervisors' requests for additional information or investigative work.

To assess compliance for this reporting period, we reviewed 28 completed FI cases. Although we are sufficiently satisfied, based on our discussions with FI staff, that supervisory reviews and evaluations are occurring, we were unable to find some supporting documentation referred by FI as Case Review Sheets. We recommend that these reviews be more thoroughly documented. Considering the fact that 16 of the cases we reviewed were very late, correcting deficiencies within seven days in these investigations is insignificant for the purpose of compliance with this paragraph. Only 43% of the cases we reviewed were timely.

DPD is not in Phase 2 compliance with this portion of this paragraph.

*Office of the Chief Investigator:* In our previous reports, we noted our inability to determine what appropriate supervisory intervention has taken place when investigations are deficient. While there has been evidence of supervisory review in most cases, when investigations are returned, specific issues and corrective measures were usually not documented. Glaring deficiencies such as chronic timeliness issues, which would warrant counseling and/or discipline, were not addressed in writing.

For the current reporting period, we reviewed a random sample of 100 closed investigations. During this reporting period, 32 cases were returned for deficiencies. Most of these were for spelling, grammar, and formatting. In 39 of the cases, we believe glaring deficiencies were either missed or not corrected within seven days. These include lack of investigative activity for long periods of time, as well as many of the issues cited above, such as investigative shortcomings and failure to submit proper extension requests.

We did not review any cases in which a reviewer disagreed with the recommended findings of the investigator.

The City is not in Phase 2 compliance with this portion of the paragraph.

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*Internal Affairs Division Investigations:* During this reporting period, the IAD supervisor used the case management system, Case Trax, to record any deficiencies and instructions in the investigators' progress notes. All of the investigations were reviewed and approved by the chain of command above the investigators within the required timeframe.

IAD is in Phase 2 compliance with this portion of this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: Not in Compliance

**B. Use of Force and Prisoner Injury Investigations**

***CJ Requirement U34***

*The DPD shall revise its reporting policies to require officers to document on a single auditable form any prisoner injury, use of force, allegation of use of force, and instance in which an officer draws a firearm and acquires a target.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

In the last reporting period, we found that 73% of the auditable forms (UF002) forms we reviewed were prepared correctly and documented the prisoner injuries, uses of force, and allegations of force. The forms included 10 cases that were referred to FI/IAD.

During this reporting period, we reviewed 224 auditable forms, and found that 185 (83%) were prepared correctly and documented the prisoner injuries, uses of force, and allegations of force. The forms include 15 forms that were referred to FI/IAD, and nine in which the officers acquired a target.

The DPD is not in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: Not in Compliance

***CJ Requirement U35***

*The DPD shall revise its policies regarding use of force and prisoner injury notifications to require:*

- a. officers to notify their supervisors following any use of force or prisoner injury;*
- b. that upon such notice, a supervisor shall respond to the scene of all uses of force that involve a firearm discharge, a visible injury or a complaint of injury. A supervisor shall respond to all other uses of force on a priority basis. Upon arrival at the scene, the*

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*supervisor shall interview the subject(s), examine the subject(s) for injury, and ensure that the subject(s) receive needed medical attention;*

- c. the supervisor responding to the scene to notify IAD of all serious uses of force, uses of force that result in visible injury, uses of force that a reasonable officer should have known were likely to result in injury, uses of force where there is prisoner injury; and*
- d. IAD to respond to the scene of, and investigate, all incidents where a prisoner dies, suffers serious bodily injury or requires hospital admission, or involves a serious use of force, and to permit IAD to delegate all other use of force or prisoner injury investigations to the supervisor for a command investigation.<sup>18</sup>*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

During the last reporting period, we found that in 96% of the Command Level Investigations cases we reviewed, a supervisor was notified following a use of force or a prisoner injury. Supervisors responded to 96% of cases in which the use of force involved a firearms discharge, a visible injury, or a complaint of injury. Supervisors responded to other uses of force on a priority basis in 94% of cases. In combination, a supervisor responded to 95% of the cases that we reviewed. Ninety-five percent of the cases reflected supervisory efforts to interview the subject, either on the scene or at the district. In 95% of the cases, the supervisor examined the subject on the scene or at the district/precinct for injuries, and ensured that the subjects received the needed medical attention. Force Investigations was notified in 14 cases, and assumed responsibility for eight cases.

During this reporting period, we reviewed 91 Command Level Investigations cases and found that in 88 (97%), a supervisor was notified following a use of force or a prisoner injury. There were 27 cases in which the use of force involved a firearms discharge, a visible injury, or a complaint of injury; and a supervisor responded to all of them. Supervisors responded to other uses of force on a priority basis in 61 (95%) of the remaining 64 cases. In combination, a supervisor responded to 88 (97%) of the 91 cases reviewed, a slight improvement over the 95% registered in the last reporting period.

In 86 (95%) of the 91 cases, a supervisor interviewed the subject at the scene, at the district/precinct, or at DRH.<sup>19</sup> Also in 86 (95%) of the 91 cases, a supervisor examined the subject for injury and ensured that the subject received needed medical attention.<sup>20</sup> Force Investigations (FI) was notified in 22 of the cases, and assumed responsibility for seven of them.

DPD is in Phase 2 compliance for Command Level Investigations with this paragraph.

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<sup>18</sup> Amended by Court Order dated September 15, 2008

<sup>19</sup> In some instances, a subject is moved to the District/Precinct or DRH due to circumstances at the scene or the health of the subject.

<sup>20</sup> In some instances, a subject is moved to the District/Precinct or DRH due to circumstances at the scene or the health of the subject.

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*Force Investigations:* Our review of 28 FI cases relevant to this requirement shows that officers failed to report the use of force to supervisors as required in only two cases.

**Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U36***

*The DPD shall revise its use of force and prisoner injury investigation policies to require:*

- a. command use of force preliminary investigations to be completed within 10 days of the incident. These investigations shall include a synopsis of the incident, photographs of any injuries, witness statements, a canvas of the area, and a profile of the officer's prior uses of force and allegations of misconduct, and a first-line supervisory evaluation. The final command use of force investigation shall be completed within 30 days of the incident;*
- b. IAD investigations to be completed within 90 days of the incident; and*
- c. copies of all reports and command investigations to be sent to IAD within 7 days of completion of the investigation.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

*Command Level Investigations:* In the last reporting period, we found that 98% of the Command Level Investigations were completed within 10 days of the event. All of the investigations contained the required synopsis of the event. There were 10 photographs of injuries in the files. In 99% of the cases, the canvass and witness information was included in the file. Officers' prior uses of force and allegations of misconduct were included in 100% of the cases. Ninety-nine percent of the cases reflected first-line supervisor evaluations. The final command use of force investigations were completed within 30 days in 82% of the cases. Copies of completed Command Level Investigations were transmitted to IAD within seven days of completion of the investigations in 95% of the cases.

During this reporting period, we found that 80 (88%) of the preliminary investigations were completed within 10 days of the event, a marked decrease over the previous reporting period's 98%. Ninety reports (99%) included a synopsis of the incident. There were photographs of injuries in four of the files.

In 84 (92%) of the cases, the canvass and witness information was included in the file. Officers' prior uses of force and allegations of misconduct were included in 90 cases (99%). Eighty-eight of the 91 cases (97%) reflected first-line supervisor evaluations. The final command use of force investigations were completed within 30 days in 76 (84%) of the cases. Copies of completed Command Level Investigations were transmitted to IAD within seven days of completion of the investigations in 88 (98%) of the 91 cases.

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We continue to recommend that DPD develop a more sophisticated system of tracking these cases. Although DPD achieved a 98% 10-day submission rate for the preliminary report in the last reporting period, the Department dropped back to 88% this quarter. Cases failing to meet the 30-day requirement ranged from 31 to 84 days after the incident.<sup>21</sup> We recognize that some cases may be quite complex, but our review of the delayed cases didn't find them to be particularly complex. DPD has not achieved Phase 2 compliance with this paragraph for the Command Level Investigations.

DPD is not in Phase 2 compliance with this portion of this paragraph.

*Force Investigations:* To assess compliance for this reporting period, we reviewed 28 completed FI cases.<sup>22</sup> Sixteen of the 28 cases we reviewed were untimely. Our review of the untimely cases revealed a troubling pattern, in which FI conducted much of the early investigation soon after the event, but then took from several months to more than two years to complete the actual investigative report. None of these cases included any justification for investigators to require several months or even years to complete a report long after the investigative work had been completed.

We continue to recommend that DPD closely evaluate case management and related issues, including staffing, and more closely monitor FI investigators' time management and report preparation to more expeditiously complete these investigations.

DPD is not in Phase 2 compliance with this portion of this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: Not in Compliance

***CJ Requirement U37***

*The DPD has created a Shooting Team, composed of officers from the Homicide Section and IAD. The Shooting Team shall respond to the scene and investigate all critical firearms discharges and in-custody deaths.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

Previously, we found that the JIST appropriately responded to critical firearm discharge events; accordingly, we found DPD in Phase 2 compliance with this requirement. There were 13 critical firearm discharge investigations and one in-custody death investigation completed during this reporting period. JIST appropriately responded to all of the events.

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<sup>21</sup> The report – which was not transmitted until 84 days after the incident – resulted in many categories being classified as unknown, adversely affecting compliance rates in some of the requirements where one case can make a difference.

<sup>22</sup> These investigations included 14 critical firearm discharges and three vehicle pursuits.



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DPD is in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U38***

*The DPD shall develop a protocol for conducting investigations of critical firearm discharges that, in addition to the requirements of paragraphs 27-36, requires*

- a. the investigation to account for all shots fired, all shell casings, and the locations of all officers at the time the officer discharged the firearm;*
- b. the investigator to conduct and preserve in the investigative file all appropriate ballistic or crime scene analyses, including gunshot residue or bullet trajectory tests; and*
- c. the investigation to be completed within 60 days of the incident. If a Garrity statement is necessary, then that portion of the investigation may be deferred until 30 days from the declination or conclusion of the criminal prosecution.<sup>23</sup>*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

Our review of critical firearm discharge investigations for previous reports noted a number of significant issues relating to the requirements of this paragraph. We found that although investigators inventoried the officers' ammunition to assist with determining the number of shots fired, and collected shell casings at the scene, there were instances where the number of shots believed to have been fired did not match the inventory of officers' ammunition and/or the number of retrieved shell casings. We emphasized the importance of accounting for all rounds that are fired, and where there appears to be a discrepancy due to the described magazine problems, documenting it in the case reports. The DPD attributed this to an ongoing problem with the ammunition magazines that sometimes prevented officers from loading them to capacity and indicated its intent to correct the problem with the issuance of replacement equipment.

In addition, we noted that while the locations of officers were generally described, diagrams depicting their positions were not consistently included in the case files. We also expressed concern regarding the absence of gunshot residue and DNA collection and analysis. The DPD advised that gunshot residue analysis is no longer available; that DNA analysis is limited and that there are significant delays in ballistics analyses, which are conducted by the State Crime Lab. These have been – and remain – issues mitigating the ability of FI to conduct complete and timely critical firearm discharge investigations. And finally, we have repeatedly expressed concern with the failure to complete these investigations within the prescribed 30-day time limit.

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<sup>23</sup> Consent Judgment amendment April 23, 2012.



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To assess compliance with requirements for this reporting period, we reviewed 14 completed critical firearm discharge investigations, none of which involved fatalities. One case contained discrepancies between the number of rounds (ammunition) officers were carrying at the time of the event and the number of rounds they are required to carry by policy. These discrepancies were resolved due to other evidence; however, they do illustrate the need for investigators to document DPD policy violations relating to the carrying of a specified amount of ammunition and the need for DPD to take corrective action.

The investigations that we reviewed described the locations of the officers; however, the diagrams that were included did not always specifically indicate them. The locations of shell casings were noted. Additional evidentiary issues of concern pertinent to the requirements of this paragraph include: the failure of FI to reconcile the number of shots believed to have been fired; and the failure of FI to collect and submit DPD firearms for ballistic testing, and to conduct gunshot residue tests in eight cases where residue testing would have been an investigative aid in the case. In one case, a subject involved in a hot-rodding incident alleged that a DPD officer fired a shot at him; gunshot residue testing would have been a valuable aid to the investigator assigned to the incident. The officer's ammunition was counted, but the weapon was not examined by a ballistics expert to see if the weapon was fired. The officer could have carried more than the required amount of ammunition as required by DPD policy. Also, the lack of or presence of fresh gunshot residue evidence could have assisted the DPD in proving or disproving the allegation. The finding in this case was not sustained. The involved officers denied firing their Department-issued firearms. This is tantamount to reporting and not investigating a deadly force allegation/incident.

We also are concerned that ballistic testing and analysis was not conducted on recovered spent shell casings due to the procedures and protocols of the State Lab; we are further concerned that certain firearms evidence was not submitted to the State Lab for testing due to the DPD practice of only submitting evidence for ballistic testing/analysis when there is an injury due to gunfire and/or unless the Prosecutor's Office requested it.

During our review of FI cases, we came across two officer-involved shooting cases that are particularly troubling. Both cases involve ballistics evidence forwarded to the Michigan State Police (MSP) Lab for analysis.

In the first case, the ballistic analysis report from MSP indicated that all of the casings collected on the scene were fired from the same weapon; however, evidence revealed two different officers fired their weapons during the incident. This incident involved a slowly moving vehicle, and no one was injured. The evidence – along with the two officers' weapons – has been re-submitted to State Lab for retesting. The results of the retest are still pending.

In the second case, the State Lab ballistics analysis report did not include the ballistics evaluation of the officers' weapons in regards to four 40-caliber shell casings and one recovered bullet from the scene. An additional analysis has been requested and is still pending. In this case, a suspect received non-fatal injuries (struck by three rounds). The State Lab report indicates that the officers' service weapons were returned, unopened and without examination. This raises concerns regarding adherence to lab protocols, including the proper requests and submission of evidence for analysis in addition to our continued concerns regarding the efficacy of present procedures relating to ballistic analyses and related testing.

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Only 10, or 71%, of the 14 critical firearm discharge investigations we reviewed were timely. These cases were closed in a timeframe of one year to two years and six months, well outside of the 60-day requirement.

These above-cited ongoing issues are significant and continue to mitigate the quality and thoroughness of these investigations, and therefore require expeditious resolution.

DPD is not in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: Not in Compliance

***CJ Requirement U39***

*The DPD shall require a Command-level Force Review Team to evaluate all critical firearm discharges and in-custody deaths. The team shall be chaired by the Deputy Chief who directly supervises IAD. The DPD shall establish criteria for selecting the other member of the team.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

The Team is chaired by the Commander, Internal Affairs/Force Investigations, and includes Deputy Chiefs, the Training Commander, and a specified Chief of Police designee.

During this reporting period, the CLFRT convened and reviewed for compliance with DPD policy 13 critical firearm discharge investigations, one vehicular pursuit that led to a fatality, one death investigation where DPD officers were present and used no force (the subject was deceased upon arrival), one in-custody death, and one excessive force case.

DPD is in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U40***

*The DPD policy that defines the Command-level Force Review Team's role shall require the team to:*

- a. complete its review of critical firearm discharges that result in injury and in-custody deaths within 21 days from the completion of the investigation and require the Chief of Police to complete his or her review of the team's report within 14 days;<sup>24</sup>*

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<sup>24</sup> Amended by Court Order dated April 23, 2012

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- b. comply with the revised review of investigations policies and procedures;*
- c. interview the principal investigators; and*
- d. prepare a report to the Chief of Police in compliance with the revised investigatory report and evaluation protocol.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

During this reporting period, FI submitted 13 critical firearm discharge investigations, one vehicular pursuit that led to a fatality, and one in-custody death.

During the last reporting period, we were troubled by one case that involved DPD officers who handcuffed a subject, using their body weight, and risked positional asphyxiation of the arrestee. The subject became unresponsive and unconscious, and his breathing became labored. Due to a delayed response by EMS, the two DPD officers decided to transport the subject to the hospital. During the transport, the officers only tilted the subject's head back to try and assist his breathing, but did not perform cardiopulmonary resuscitation (CPR). During questioning by FI, both officers claimed that they could not recall their CPR training because they had not received it since their time in the academy (17 years for the involved sergeant, and 11 years for the assisting officer). The subject, who was under the influence of cocaine, died while in DPD custody. The CLFRT exonerated the officers and referred the CPR issue to Training. Training is still working on resolving this issue. We will follow up with DPD on the status of CPR training during the next reporting period.

All 13 critical firearm discharge investigations that were completed and submitted to the CLFRT for review during this reporting period were completed in a timely manner. The in-custody death and pursuit fatality investigations were also reviewed in a timely manner. No issues of substantive concern were identified in the 15 total incidents reviewed by the CLFRT during this reporting period.

DPD is in Phase 2 compliance with the requirements of this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U41***

*The commanding officer of Force Investigation or other appropriate DPD executive designated by the Chief of Police shall annually review critical firearm discharges and in-custody deaths in aggregate to detect patterns and/or problems and report his or her findings and recommendations, including additional investigative protocols and standards for all critical firearm discharge and in-custody death investigations, to the Chief of Police. A copy of the*

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*report shall be submitted to the Monitor within five months after the end of the year reported on.*<sup>25</sup>

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

The CLFRT Chair previously prepared an annual report and critique of critical firearm discharges and in-custody deaths and was found in compliance with this paragraph. These reports are due by May of the year following the year under review.

We received the CLFRT 2011 annual report on June 6, 2012. The report, prepared by Force Investigation, included a description of investigative processes; case summaries; and various analyses of fatal and non-fatal firearm discharges, in-custody deaths, and pursuits. As in previous reports, the report indicated a downward trend in critical firearm discharges during the latest six-year period. After peaking at 59 in 2006, DPD recorded 30 critical firearm discharges in 2011. There were two fatal shootings in 2010, after peaking at nine in 2006. The most common encounter involved armed subjects.

The CLFRT made recommendations to revise the policy dealing with the Discharging of a Weapon at or from a Moving Vehicle; directed officer safety training after detecting a pattern of officer reaching inside vehicles to turn off the ignition during traffic stops, which were resulting in officers being dragged by the vehicle as operators attempted to escape; and recommended the Training Commander re-assess instruction relating to dealing with subjects with mental conditions and/or subjects who display symptoms of Excited Delirium. In addition, the report addressed the issue of unintentional/accidental discharges by officers. There were three total listed in the report – one of which occurred off-duty. The accidental discharge information has been communicated to the CLFRT by FI for further evaluation. In the interim, all officers involved in the accidental discharges were found negligent and directed to Firearms Training for additional instruction on proper weapon handling and firearm safety.

The Department is in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

**Critical Issues:**

- The failure to conduct quality investigations within prescribed timelines remains a critical issue. We believe that a more sophisticated case management program would prove beneficial. We again emphasize the need to provide formal documentation of reasons for delays in the completion of investigations. Many cases indicate that they are returned for

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<sup>25</sup> Amended by Court Order dated January 28, 2009

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corrections, but do not explain what is needed to be corrected, nor what new time limits have been established for re-submission.

- As of this writing, OCI has successfully addressed its backlog of cases. Our review samples during the last two or three reporting periods were populated with scores of closed, backlogged cases. These cases were replete with deficiencies – many related to timeliness issues, and many related to investigative shortcuts apparently taken to expeditiously address the backlog. We have cautioned OCI that the quality of its investigations – even those that are past due – cannot be sacrificed in pursuit of closure. Now that the backlog has been addressed, OCI must shift its focus to addressing the qualitative deficiencies we have identified and discussed during each of our site visits.
- A vital component of the Command Level investigative process is the critical review of the work product by supervisory personnel, beginning with the first-line supervisors. Many command staff – particularly inspectors, but some commanders as well – have conducted critical reviews and recommended meaningful corrective actions in their efforts to improve the quality of the investigations. Specific training recommendations as opposed to the more general “re-instruct” might prove more beneficial to members who are experiencing difficulties with the preparation of the forms as well as with conducting the investigations.
- DPD needs to give more attention to the quality of interviews; many are one-question interviews, with no follow-up questions; other lack details regarding the incident and how the officers on the scene responded to the incident. Video and audio recordings must be reviewed as part of the investigative process; the Department needs to place greater emphasis on the appropriate use of the body microphones to capture interactions between officers and the public/subjects. Supervisors need to ensure that activity logs are properly completed with respect to the video and audio capabilities; and when equipment is inoperative, the proper documentation should be prepared and commented on in the investigation.
- The DPD does not have a formalized practice of forwarding complex investigations to the Training Division and/or the Policy Section for review to ensure that both units are aware of the situations officers are confronting in the streets. The reviews of the use of force reports reflects some tactical concerns that would be best addressed through a critical review by tactical personnel at the Training Bureau. Improved tactics will improve interactions with the public; even more importantly, they will improve officer safety. The review of these cases by those specialized units could result in enhanced training curricula or improved DPD policies.

***Next Steps:***

During the next reporting period, we will:

- Continue to assess compliance, paying particular attention to meeting the specific detailed elements prescribed in these requirements. Of particular concern to us are the

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thoroughness and completeness of investigations, their review by supervisors, and compliance with the timelines.

- We are pleased to note that the Board of Police Commissioners has hired a Chief Investigator after a vacancy in that position for nearly a year. We look forward to working with the new Chief Investigator as she assumes her leadership position in OCI.

¶	Requirements	Phase 1 – Policy	Phase 2 – Implementation
27	Revise investigative policies	In Compliance	Not in Compliance
28	Investigation by uninvolved supervisor	In Compliance	Not in Compliance
29	Procedures for investigative interviews	In Compliance	Not in Compliance
30	Leading questions prohibited, etc.	In Compliance	In Compliance
31	Garrity Protocol required	In Compliance	In Compliance
32	Revise investigatory report policies	In Compliance	Not in Compliance
33	Chain of command reviews	In Compliance	Not in Compliance
34	Auditable form required	In Compliance	Not in Compliance
35	Notification of supervisors, etc.	In Compliance	In Compliance
36	Completion of command investigations	In Compliance	Not in Compliance
37	Joint Incident Shooting Team	In Compliance	In Compliance
38	Protocol for critical discharge investigations	In Compliance	Not in Compliance
39	Command Level Force Review Team	In Compliance	In Compliance
40	Review critical firearm discharges	In Compliance	In Compliance
41	Command-level force review requirements	In Compliance	In Compliance

## **V. ARREST AND DETENTION POLICIES AND PRACTICES**

The arrest and detention policies and practice requirements are a critical component of this Agreement. The policies prohibit an officer from making an arrest without probable cause, and the existing policy requires supervisory review within 12 hours of the arrest. It further requires that for an arrest that is unsupported by probable cause, or a warrant that is not sought, an auditable form must document the circumstances within 12 hours of the event.

The DPD revised its investigatory stop-and-frisk policies to appropriately define investigatory stops and reasonable suspicion and supported this effort by frequent roll call training and two Administrative Messages issued in January and April 2011. As a result of additional emphasis by the Department on investigatory stops/frisks, DPD has been compliant for two consecutive reporting periods. DPD also revised its witness identification policies to comply with the revised



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arrest and investigatory policies. Policy establishes that a material witness can only be taken into custody by obtaining a Court order prior to such taking.

The revised policies and procedures in this area require significant documentation and reviews by supervisors. Command notification is required in all instances where there exists a reported violation of DPD arrest, holds/warrants, investigatory stop-and-frisk, witness identification and questioning policies, and all reports in which an arraignment warrant is not sought. While compliance has been achieved in these areas, we have noted during this reporting period that the inability of personnel to indicate holds over 48 hours on the Warrant Tracking Form has been problematic. Compliance review in this area thus draws heavily on the detailed records required in this section.

DPD has made significant progress in documenting Investigatory Stops, Detainee Registration and following their internal Witness Identification policies during the previous three reporting periods. DPD has been in compliance with its investigatory stop policies for three consecutive reporting periods; and in order to remain in compliance, supervisory personnel must ensure the preparation of auditable forms when reasonable suspicion is not properly articulated for the stop.

The Department's ability to document and timely prepare warrant submittals to the prosecutor had been problematic, in that the failure to do so caused other violations of policy. (See U50, U51, and U53.) We have found that in a few instances, the failure to prepare the required auditable form or timely review by a commanding officer has kept DPD from compliance with certain paragraphs. Supervisory and command review continues to be lacking in some areas, and that documentation of violations should be a Departmental priority.

In the fifth reporting period, DPD assigned a commanding officer (lieutenant) to coordinate the efforts of the different districts/precincts and other investigative operational units in their reviews of witness identification and questioning policies. This strategy has been successful, as we have found the applicable CJ paragraph in compliance for seven consecutive reporting periods.

**A. Arrest Policies*****CJ Requirement U42***

*The DPD shall revise its arrest policies to define arrest and probable cause as those terms are defined in this Agreement and prohibit the arrest of an individual with less than probable cause.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

Phase 2 compliance is linked to and dependent upon the implementation of U43.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance



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***CJ Requirement U43***

*The DPD shall review all arrests for probable cause at the time the arrestee is presented at the precinct or specialized unit. This review shall be memorialized in writing within 12 hours of the arrest. For any arrest unsupported by probable cause or in which an arraignment warrant was not sought, the DPD shall document the circumstances of the arrest and/or the reasons the arraignment warrant was not sought on an auditable form within 12 hours of the event.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

To assess compliance with these requirements for this reporting period, we reviewed a random sample of 104 arrest case files. The review included Crisnet reports, Detainee Input Sheets, DPD Warrant Verification Logs, officers' Daily Activity Logs, Arraignment Verification Logs, and detainee file folders. In all cases but one, sufficient probable cause for the arrest was present; and, as in the two previous reporting periods, an auditable form (DPD UF-001, Review of Arrest Exception) was not completed for the case lacking probable cause. In this case, the warrant submittal was denied by the Prosecutor's Office.

In all cases but four, supervisory approval occurred within 12 hours of the arrest. (In these cases, the time of approval was not listed on the Crisnet report or the Detainee Information Sheet.) In one sample arrest case for the month of May, the packet did not contain the Detainee Information Sheet or the required Warrant Tracking Form. CRIB issued a Corrective Action Notice in this instance.

When an officer is not seeking an arraignment warrant, the Department is required to complete Auditable Form U004, Warrant Tracking Hold Form (effective September 2009). Of the 104 arrest cases we reviewed, the Department did not seek a warrant in 15. In all of the cases the required auditable form was completed in a timely basis.

We are observing more Corrective Action Notices being issued when DPD discovers violations of policy. DPD's compliance with this paragraph is dependent upon probable cause to arrest and timeliness in preparing the required auditable forms.

DPD's compliance rate for this reporting period is 96%, a decrease from the last reporting period's 98%, for the three separate and distinct requirements of this paragraph. DPD has been in compliance with Phase 2 of this paragraph in all our previous reports.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

**B. Investigatory Stop Policies*****CJ Requirement U44***

*The DPD shall revise its investigatory stop and frisk policies to define investigatory stop and reasonable suspicion as those terms are defined in this Agreement. The policy shall specify that*

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*a frisk is authorized only when the officer has reasonable suspicion to fear for his or her safety and that the scope of the frisk must be narrowly tailored to those specific reasons.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

Phase 2 compliance is related to and contingent upon the implementation of U45.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U45***

*The DPD shall require written documentation of all investigatory stops and frisks by the end of the shift in which the police action occurred. The DPD shall review all investigatory stops and frisks and document on an auditable form those unsupported by reasonable suspicion within 24 hours of receiving the officer's report.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

In our previous report, we determined that DPD was in compliance with the provisions of this paragraph; this was the first reporting period that DPD, since our reviews began in 2009, achieved compliance in this area. DPD had previously come into compliance with traffic and investigatory stops. In the last reporting period, DPD's compliance rate for frisks was 96%.

During this reporting period, we noted that officers have improved in the way they articulate reasonable suspicion with frisks, and that supervisors are properly checking the officers' Daily Activity Log entries. During the current reporting period, as in our previous review, we found that DPD personnel have made significant progress in documenting investigatory stops. We also found that some supervisors, when reviewing officers' Daily Activity Logs, checked off each frisk on their subordinate's logs or completed an auditable form when the frisk was not articulated. This sound accountability practice by DPD supervisory personnel should be continued.

Due to settling a previous litigation, DPD issued Training Directive 12-03 on January 12, 2012 reinforcing Detroit City Code 38-1-3 as it pertains to the loitering ordinance. The new guidelines clearly define the rights of the individual and provide clarity to personnel when enforcing loitering violations.

To assess compliance for this reporting period, we reviewed 496 officers' Daily Activity Logs completed on three randomly selected dates.<sup>26</sup> Each district/precinct provided the logs requested, which included traffic stops and other situations where officers made investigatory stops of

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<sup>26</sup> For this review, we randomly selected Daily Activity Logs completed on April 24, May 17, and June 9, 2012.

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individuals who were not in vehicles or in vehicles stopped in places where a police inquiry was warranted.

Our review yielded 146 investigatory stops, of which 145 indicated a lawful purpose. In the one case, the first-line supervisor (sergeant) issued an auditable form (Investigatory Stop and/or Frisk Exception Form) for not properly describing reasonable suspicion for the stop. In our last report, we noted that supervisors are now more thorough in their reviews of officers' Daily Activity Logs; that has continued for the current reporting period. Most of the investigatory stops involved subjects being in a park after posted hours, entering premises/property without owner's permission, and loitering. In all instances, supervisors reviewed all investigatory stops within the required timeframe. DPD's compliance rate for investigatory stops only (excluding frisks, traffic stops, and required auditable forms) during this reporting period is 100%, an increase from the last reporting period's 98%.

The logs included 538 traffic stops, and our review indicated that eight did not contain sufficient information to justify the stop, which is a basic requirement. For example, the officers failed to describe the initial necessity or purpose of the traffic stop. Supervisors reviewed 535 traffic stops in a timely fashion, marking their signatures, and dates and times of review. In two cases, sergeants did not review the Activity Log; and in the third, the sergeant reviewed and signed the log, but failed to enter the date and time of the review.

DPD's compliance rate for traffic stops is 98%, the same as in the last reporting period.

During this reporting period, we reviewed 46 frisks appearing on officers' Daily Activity Logs. We found that 44 of the frisks met the requirement. There was one instance where the supervisor failed to review the Daily Activity log; however, the frisk conducted by the officers fell within policy. In the other case, the supervisor reviewed the log but failed to note that it did not describe reasonable suspicion for the frisk. There was no consent to frisk entries on the logs during this reporting period. Requesting consent from an individual to frisk (Terry Stop) by DPD does not meet the intent of the Consent Judgment.

On July 28, 2011, DPD issued an Administrative Message (Teletype #11-0925) to be read at 10 consecutive roll calls instructing supervisors how to address consent frisks by officers. Another Administrative Message (Teletype 11-1497) was issued on December 24, 2011 emphasizing the importance of officers describing the frisk and supervisors' responsibilities completing the auditable form when required.

Officers are required to complete the "Recap of Activity" portion of the log to indicate their total daily activities and also mark the "Frisk" box in the narrative portion of the report. This is a tool for the supervisor to locate and review the frisks that occur by their subordinates. However, supervisors have not used this tool. We continue to find instances where the officer properly conducts a frisk but does not mark either of the appropriate boxes and the supervisors fail to discover the omissions.

During a previous site visit, the Parties held a meeting to discuss DPD's request that consent searches (frisks) met the legal requirements of the Consent Judgment. We have observed no change resulting from that meeting.

During this reporting period, we found that all frisks were documented by the end of the officers' shifts. The Department's compliance rate for frisks during this reporting period is 96%.

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In previous audits, to ensure compliance with the Department's stop-and-frisk policies, the Audit Team recommended a number of steps, including retraining officers and reviewing all stop-and-frisk situations by supervisors and command personnel in a timely fashion. We have found that the emphasis DPD has placed on officers properly documenting investigatory stops and supervisory review has paid dividends towards compliance.

A review of in-car video of frisks by the training staff and commanders is helpful in ensuring that legal authority exists for the frisks. In our 11<sup>th</sup> Quarterly Report, we noted that supervisors conducted in-car video review of their subordinates' investigatory stops and frisks. During other previous reporting periods, we reviewed auditable forms (Stop and/or Frisk Exception form, DPD UF-003, effective October 31, 2009) from supervisors indicating that they had challenged an improper investigatory stop-and-frisk. Supervisors should review all in-car video of investigatory stops/frisks when the legality of the stop is in question. As noted above, Administrative Message 11-0151, issued on January 28, 2011; Administrative Message 11-0477, issued on April 22, 2011; and a subsequent Administrative Message 11-1497, issued on December 22, 2011; emphasized the recording of investigatory stops and frisks by officers and supervisory review. We note that the Department continues to take corrective action as a response to previous DPD audits, including an audit for June 2011, indicating those supervisors and command officers who need to complete an auditable form or take action when the violations occur. We will review DPD's internal Investigatory Stop/Frisk audit scheduled for completion during the next reporting period.

First-line supervisors must check their officers' activity logs daily and complete the auditable form by the end of their shift. We found in a few cases where these forms were completed after they were requested by the Monitoring Team and reviewed by DPD personnel. First-line supervisors are the key personnel in ensuring that all investigatory stops are in compliance with policy. DPD's compliance rate for frisks is 96%, an increase from the 91% we found during the previous reporting period. DPD's overall compliance rate for all investigatory stops and frisks increased from 96% to 98% during this reporting period.

DPD is in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

**C. Witness Identification and Questioning Policies*****CJ Requirement U46***

*The DPD shall revise its witness identification and questioning policies to comply with the revised arrest and investigatory stop policies. The DPD shall prohibit the seizure of an individual without reasonable suspicion, probable cause or consent of the individual and require that the scope and duration of any seizure be narrowly tailored to the reasons supporting the police action. The DPD shall prohibit the conveyance of any individual to another location without reasonable suspicion, probable cause or consent of the individual.*

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**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

Full compliance with this paragraph is dependent upon the successful implementation of U48; accordingly, DPD is in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U47***

*The DPD shall develop the revised witness identification and questioning policies within three months of the effective date of this Agreement. The revised policies shall be submitted for review and approval of the DOJ. The DPD shall implement the revised witness identification and questioning policies within three months of the review and approval of the DOJ.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

Full compliance with this paragraph is dependent upon the successful implementation of U48; accordingly, DPD is in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U48***

*The DPD shall document the content and circumstances of all interviews, interrogations and conveyances during the shift in which the police action occurred. The DPD shall review in writing all interviews, interrogations and conveyances and document on an auditable form those in violation of DPD policy within 24 hours of the interview, interrogation or conveyance.<sup>27</sup>*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

During the last reporting period, we reviewed interviews and interrogations from the Eastern District, the Second Precinct (formerly the Southwestern District), the Northeastern District, and the Twelfth Precinct; and found them in Phase 2 compliance with these requirements.

On June 1, 2011, the Court issued an order relevant to a DOJ letter dated May 1, 2010, where an agreement was accepted for timelines required for the review of all interviews, interrogations,

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<sup>27</sup> Amended by Court Order dated June 1, 2011

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and conveyances. The Court order permits that supervisors can review all interviews, interrogations, and conveyances within 24 hours, compared to the 12 hours previously mandated by the paragraph.

To assess compliance with the requirements for this reporting period, we reviewed interviews and interrogations from the Homicide Command, the Sixth Precinct, the Tenth Precinct, and the Central District.

We reviewed the Homicide Command's investigative files and reviewed a random sample of 131 witness/interview interviews. A total of 130 met the requirement, and contained the proper documentation and supervisory review within prescribed timeframes. On one of the witness/interview forms the date of the interview was not legible but contained all other required information. All commands have made adjustments during previous reporting periods to address the lack of timeliness in supervisory review, and progress is evident. During this reporting period, the Homicide Command achieved a compliance rate of 99% with this paragraph.

We reviewed a random sample of cases for the current reporting period from the Sixth Precinct, for a total of 53 interviews/interviews. Fifty-two cases met the requirement. In one case, the interview was not in compliance due to no supervisory review. The Sixth Precinct's compliance rate for this quarter is 98%.

We reviewed a random sample of 39 case files from the Tenth Precinct containing 83 interviews/interviews conducted on the proper form. Sixty-one were in compliance; of the 16 exceptions, the same investigator – instead of a supervisor – approved and signed the Interview/Interview Form as the supervisor. The policy and this paragraph require supervisory review. We noted that a lieutenant in the precinct conducting spot checks of the interview forms caught four of the errors during a routine inspection; however, they were not within the required timeframe. The Tenth Precinct's compliance rate for the reporting period is 81%.

We reviewed a random sample of 38 Central District case files that resulted in 67 interview/interview forms being completed. In one case, the supervisory review occurred 50 minutes past the 24-hour requirement, and is therefore not in compliance. The Central District's compliance rate is 99%. We have reviewed all of DPD's investigative operational units – many of them several times – during previous site visits. None, with the exception of the Homicide Command, were in compliance at the end of 2009. DPD has made progress in this area. The combined compliance rate for interviews/interviews for the four investigative operational units during this reporting period is 94%, a decrease from the 96% that we found in the last reporting period.

We also reviewed all instances of conveyances to DPD facilities for the purposes of interviews during the current reporting period. There were 16 such conveyances, and one did not indicate a supervisory review. DPD's compliance rate for conveyances is 94%.

The issues we noted above with the review of the Tenth Precinct's interview/interview files skewed the results of this paragraph. DPD's overall compliance rate is just above 94%; DPD has sustained the progress it has made in this area; the Department is in Phase 2 compliance with this paragraph.

**Compliance Status:**



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Phase 1: In Compliance

Phase 2: In Compliance

**D. Prompt Judicial Review Policies**

***CJ Requirement U49***

*The DPD shall revise its policies to require prompt judicial review, as defined in this Agreement, for every person arrested by the DPD. The DPD shall develop a timely and systematic process for all arrestees to be presented for prompt judicial review or to be released.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

Phase 2 compliance with this paragraph is dependent upon the successful implementation of U50; accordingly, DPD is in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U50***

*The DPD shall require that, for each arrestee, a warrant request for arraignment on the charges underlying the arrest is submitted to the prosecutor's office within 48 hours of the arrest.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

Due to a few case reports involving traffic, probation violations, and warrant arrests that are handled by other means, or where the arrestee is taken directly to court, we reviewed 89 case reports that eventually were submitted to the Prosecutor's Office for arraignment. The documentation supporting this review included Crisnet reports, Warrant Verification Logs, Arraignment Sheets, Detainee Input Sheets, and Warrant Tracking Hold Forms. Of the 89 cases we reviewed where an arraignment warrant was submitted, all but three met the 48-hour requirement. One of the cases contained the required auditable form, and two did not. In another case, an auditable form was generated for "warrant not served" when it should have been marked for "failure to submit the warrant request to the prosecutor within 48 hours" and for the arraignment exceeding the 48-hour requirement. In this case, the detainee was arraigned on the initial charge. DPD's compliance rate with this requirement is 97%, a decrease from the 98% in the previous reporting period.

DPD is in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance



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**Phase 2: In Compliance*****CJ Requirement U51***

*The DPD shall document on an auditable form all instances in which the request for an arraignment warrant is submitted more than 48 hours after the arrest. The DPD shall also document on an auditable form all instances in which it is not in compliance with the prompt judicial review policy and in which extraordinary circumstances delayed the arraignment. The documentation shall occur by the end of the shift in which there was: 1) a failure to request an arraignment within 48 hours, 2) a failure to comply with the prompt judicial review policy, or 3) an arraignment delayed by extraordinary circumstances.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

To assess Phase 2 compliance with these requirements, we reviewed the same documents referenced in U50. Of the 104 arrest case reports we reviewed, there were 89 that began at the initial arrest and in which a warrant was submitted to the Prosecutor's Office for arraignment. There were three cases where the warrant submittal was late, and only one auditable form was prepared. We excluded cases that involved warrant arrests, juvenile arrests, and traffic cases.

There were 41 cases where the arraignment occurred more than 48 hours from the time of the initial arrest. In all cases except one (see U50), an auditable form was completed in a timely basis. In the one exception, the lieutenant, while preparing documents for our review, noticed the omission and prepared an auditable form. As in the last reporting period, there were three instances where the warrant submittal to the prosecutor was late, and there was only one auditable form completed by the OIC for this review. When the commanding officer reviews the auditable form, s/he must inspect the document to ensure that the OIC is dating or placing the time the event was recognized. On January 11, 2011, we reviewed a Departmental Message that indicated UF-004/007 had been combined and entered into MAS. The new form has a designated box for the OIC to place the date and time the form is generated. We have observed that the new form is being utilized properly and the before mentioned issues have been resolved.

DPD's compliance rate with this requirement for the current reporting period is 95%, a decrease from the previous quarter's 96%. In our previous reports, we determined that Department personnel occasionally delay completing the warrant submittal unnecessarily (although it is within the 48-hour timeframe), and thus arraignments are often delayed. Our reviews determined that occasionally a full workday (Monday through Friday) elapses prior to those documents being processed and forwarded to the Prosecutor's Office, or they are submitted at the last hour. Although we are seeing fewer unnecessary delays overall, DPD must strive to submit the documentation to the Prosecutor's Office in a more timely fashion.

As we noted previously, the elimination of evening arraignments by the 36<sup>th</sup> District Court of the State of Michigan will continue to be problematic for DPD in its ability to arraign detainees in a timely fashion. On October 17, 2011 in a letter to DPD, the Court Administrator for the 36<sup>th</sup> District Court advised that effectively immediately, all copies of the arraignment packet from

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each district/precinct must arrive at the Court by 9:00AM daily. This further restricts DPD's ability to arraign arrestees within the 48-hour mandate.

DPD received an official correspondence from the 36<sup>th</sup> District Court Administrator on May 25, and May 29, 2012 indicating that the Court would be closed on those days due to excessive heat and humidity and an ineffective air conditioning system. The closing of the Court for these two days further hindered DPD's ability to comply with the 48-hour arraignment requirement.

DPD is in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

**E. Hold Policies**

***CJ Requirement U52***

*The DPD shall revise its hold policies to define a hold as that term is defined in this Agreement and require that all holds be documented. This policy shall establish a timely and systematic process for persons in DPD custody who have holds issued by a City of Detroit court to have those holds cleared by presenting the arrestee to the court from which the warrant was issued or the setting and posting of bond where applicable. The fact that an arrestee has not been arraigned or charged in the current arrest shall not delay this process.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

Phase 2 compliance with this paragraph is dependent upon the successful implementation of U53; accordingly, DPD is in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U53***

*The DPD shall document all holds, including the time each hold was identified and the time each hold was cleared. The DPD shall document on an auditable form each instance in which a hold is not cleared within 48 hours of the arrest. The documentation shall occur within 24 hours of each instance of a hold not being cleared.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

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In previous reporting periods, DPD was not in Phase 2 compliance with this paragraph, due to holds/warrants not being cleared and the auditable form not being prepared. In the last reporting period, the Department's compliance rate with this requirement was 97%.

To assess compliance with the requirements, we reviewed 104 Detainee Input Sheets, and found a total of 57 holds/warrants listed on the forms. In our previous reports, we noted satisfactory completion of the auditable forms for those holds exceeding 48 hours and the detainee still in custody. Form (DPD UF004-007, revised June 2009) was created and contains appropriate indications for officers to identify more than one violation of the Prompt Judicial Review Policies. DPD personnel must be aware that if an arraignment occurs more than 48 hours after an arrest and the detainee has an outstanding hold/warrant, there is a likelihood that the warrant may not be cleared within the requirement and both boxes should be checked. There can also be an issue if the warrant submittal for the outstanding arrest is denied by the prosecutor and there is a hold on the detainee. In these cases, DPD has an expectation that the hold(s) will be addressed at the arraignment on the current charge; and if the warrant is denied, the detainee may be presented to the judge at the next available arraignment opportunity.

Our review of the data requested in our sample during this reporting period indicated a reversal of DPD's previous progress. Of the 57 holds during the reporting period, eight of them were not in compliance. Of those eight, one was late in preparation and the other seven simply were not marked on the Warrant Tracking Form, when in most cases, the arraignment occurring after 48 hours from time of arrest was marked.

In our discussions with DPD personnel, we were advised that the commander of the precinct – or, in the absence of the commander, the lieutenant on duty – receives the Warrant Tracking Form only when violations occur and the form is completed and forwarded by the OIC or a supervisor. Reviewing command personnel do not receive the entire package, and assume all violations are properly indicated when they review and approve the forms. When the supervisors receive and review the form from the OIC, they must ensure that it is complete *prior* to forwarding it for command review.

On May 25, 2012 DPD issued Administrative Message (Teletype 12-0400) advising all personnel of the proper procedure to ensure that auditable forms for arraignments and holds/warrants exceeding the 48-hour requirement are processed according to DPD policy.

As we have noted previously, the lack of DPD personnel properly indicating the date and time that holds/warrants are identified/cleared and generating the required auditable forms for violations continues to be problematic for the Department. If personnel would properly complete the required information contained on the Detainee Input Sheet, the existing problems would be resolved. DPD's compliance rate for this requirement remains at 86%, a decrease from the 97% registered during the last reporting period. Since DPD has previously been in compliance with this paragraph, the Department will remain in compliance unless we find the Department not in compliance during the next reporting period.

DPD is in Phase 2 compliance with this paragraph.

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**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

**F. RESTRICTION POLICIES**

***CJ Requirement U54***

*The DPD shall develop a policy regarding restricting detainee's access to telephone calls and visitors that permits individuals in DPD custody access to attorneys and reasonable access to telephone calls and visitors.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

Full compliance with this paragraph is dependent upon the successful implementation of U55; accordingly, DPD is in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U55***

*The DPD shall require that such restrictions be documented and reviewed at the time the restriction is issued and reevaluated each day in which the restriction remains in effect. The DPD shall document on an auditable form any violation of the restriction policy by the end of the shift in which the violation occurred.*

**Comments:**

DPD is in Phase 1 compliance with this paragraph. See Appendix A.

To assess Phase 2 compliance with these requirements for this reporting period, we reviewed 104 arrest case files and did not identify any restrictions. DPD personnel advise us that restricting a detainee's access to visitors, attorneys, and the use of telephone privileges rarely occurs. Personnel may impose a telephone restriction when a detainee makes threatening or harassing calls to individuals outside the facility. There are payphones in each holding facility for the detainees' use. DPD is in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

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**G. Material Witness Policies**

***CJ Requirement U56***

*The DPD shall revise its material witness policies to define material witness as that term is defined in this Agreement and remove the term “police witness” from DPD policies and procedures.*

**Comments:**

DPD is in Phase 1 compliance with this paragraph. See Appendix A.

Full compliance with this paragraph is dependent on the implementation of U57; accordingly, DPD is in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U57***

*The DPD shall obtain a court order prior to taking a material witness into DPD custody. The DPD shall document on an auditable form the detention of each material witness and attach a copy of the court order authorizing the detention.*

**Comments:**

DPD is in Phase 1 compliance with this paragraph. See Appendix A.

To assess Phase 2 compliance with this paragraph, we reviewed all of DPD's requests to the Court for taking a material witness into custody for the period of April 1, through June 30, 2012. The auditable form, approved by a supervisor, was attached to the Court order in the four cases presented to the Court. The Court order was issued by a Judge in the 36th District Court of the State of Michigan prior to the witnesses' detention. As a result of some issues discovered in the previous reporting period relating to where all material witness documentation should be held, DPD issued Teletype 12-322 (April 27, 2012) formalizing a process that ensures that the Office of Civil Rights will serve as the repository for these forms. DPD's compliance rate is 100%.

Due to some issues occurring with the material witness documentation during our April 2012 site visit, DPD issued Roll Call Informational Bulletin (12-17) reinstructing personnel the required procedure for filing these forms.

The Department remains in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

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## **H. Documentation of Custodial Detention**

### ***CJ Requirement U58***

*The DPD shall revise its arrest and detention documentation to require, for all arrests, a record or file to contain accurate and auditable documentation of:*

- a. the individual's personal information;*
- b. the crime(s) charged;*
- c. the time and date of arrest and release;*
- d. the time and date the arraignment was submitted;*
- e. the name and badge number of the officer who submitted the arraignment;*
- f. the time and date of arraignment; was lodged and cleared, if applicable;*
- g. the time each warrant was lodged and cleared, if applicable; and*
- h. the individual's custodial status, e.g., new arrest, material witness or extradition.*

### **Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

DPD has been in compliance with this paragraph in all of the previous reporting periods. To assess Phase 2 compliance during this reporting period, we reviewed a random sample of 104 arrest case files where a Detainee Input Sheet was completed that contained personal information about the detainee, charges, holds/warrants, and other supporting data. We used the 60 cases where an arraignment occurred to determine compliance due to all eight elements of this paragraph being included. The contained documents included Detainee Input Sheets, Warrant Verification Logs, Arraignment Logs, and Livescan forms. In the majority of instances, the: (a) individual's personal information; (b) crime[s] charged; (c) date and time of arrest and release; (d) time and date the arraignment was submitted; (f) time and date of arraignment, if applicable; (g) time and date each warrant was lodged and cleared; and (h) individual's custodial status; were listed on one of the applicable forms.

In three cases, the officers failed to include all relevant personal information (U58a) on the Detainee Input Sheet; and in one case, holding facility personnel failed to record the date and time of detainee release on the form. For the first time since the beginning of our tenure, personnel submitting the warrant request to the prosecutor included their names and badge numbers on the Daily Warrant Verification Log. All other required information was properly documented. We examined each case for compliance with the eight individual requirements, and found an overall compliance rate of 99%, the same as in the last reporting period.

DPD is in Phase 2 compliance with this paragraph.

### **Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

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**I. Command Notification*****CJ Requirement U59***

*The DPD shall require the commander of the precinct and, if applicable, of the specialized unit, to review in writing all reported violations of DPD arrest, investigatory stop and frisk, witness identification and questioning policies and all reports of arrests in which an arraignment warrant was not sought. The commander's review shall be completed within 7 days of receiving the document reporting the event. The commander's review shall include an evaluation of the actions taken to correct the violation and whether any corrective or non-disciplinary action was taken.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

In our previous reports, we did not find the DPD in Phase 2 compliance with this requirement, noting the lack of auditable forms, the lack of documented reasonable suspicion for frisks, and an inadequate supervisory review of Officer's Daily Activity Logs.

In our review of 104 arrests during this reporting period, we determined that all the arrests, with the exception of one, properly documented probable cause. An auditable form was not generated in this case. In those situations where a warrant is not sought or a warrant is denied on an arrestee, supervisors should scrutinize the arrest packets to ensure that the elements required for a valid arrest are documented.

We reviewed 46 frisks, and determined that 45 met the requirement; however, the supervisor did not complete the required auditable form in the one case found in violation of DPD policy. In the remaining case, the supervisor failed to approve the officer's Daily Activity Log. In recent reporting periods, DPD has generated auditable forms for violations of this paragraph relating to frisks. In order to be lawful, a stop must be supported by reasonable suspicion and narrowly tailored in scope and duration to the reasons supporting the seizure. During a limited seizure, the officer may conduct a frisk if s/he has reasonable suspicion to believe that the suspect may have the means to do harm. While supervisors *do* review the officers' Daily Activity Logs, they should also be challenging officers to articulate the *reason* for the stops/frisks. The officers, in some cases, are only noting the stops.

Our review of traffic stops determined that officers' abilities to accurately describe the actions that led to the stop are compliant; however, there were no auditable forms generated for the eight traffic stops in which a form was required to be completed. Commanders are not receiving the forms due to supervisors not completing them.

There were 146 investigatory stops (excluding frisks and traffic stops), of which 145 were based on a documented investigatory purpose. One stop did not articulate reasonable suspicion; however, the supervisor completed the auditable form that was reviewed in a timely basis by the commander.

There were 159 cases where documentation was completed indicating that an arraignment warrant was not sought and an auditable form was completed and contained appropriate command review. In all cases, a commanding officer approved the form and attached his/her



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signature including the date of review. We have observed DPD's progress with commanders' oversight as it relates to warrants not served.

We reviewed 334 witness/interrogation interviews from the Homicide Command, the Sixth Precinct, the Central District, and the Tenth Precinct. There were 16 instances in one precinct where the reviewing supervisor was an investigator, not a supervisor; the paragraph requires supervisory review. In four instances, a lieutenant discovered the errors, but her review in each case exceeded the seven-day requirement. The lieutenant generated the auditable forms (DPD 103) in each instance. This paragraph has not been problematic for DPD in past reviews; the one precinct cited previously (U48), distorted the overall compliance for this reporting period. It is the commanders' responsibility to ensure that these forms are completed.

The Department has made progress with commanders' reviews of warrants not sought and witness identification and questioning policies. We reviewed 20 auditable forms (warrants not served, witness interviews and investigatory stops) under this paragraph that were sent to commanders for review or prepared by commanders. All reviews were timely, with the exception of the four auditable forms mentioned above. Under this paragraph, DPD commanders have seven days to review the requirements from time of receipt; compliance should not be an issue. Two consecutive reporting periods of non-compliance will remove DPD from compliance.

DPD's compliance rate with this requirement for this reporting period is 80%, a decrease over the 98% registered in the last reporting period.

DPD is in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U60***

*The DPD shall require the commander of the precinct, and, if applicable, of the specialized unit, to review in writing all violations of DPD prompt judicial review, holds, restrictions and material witness policies on a daily basis. The commander's review shall include an evaluation of the actions taken to correct the violation and whether any corrective or non-disciplinary action was taken.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

To assess compliance for this reporting period, we reviewed 104 arrest case reports, of which 89 were submitted to the Prosecutor's Office and 60 went to arraignment. There were 41 cases where the arraignment occurred more than 48 hours after the arrest.

In all but three cases, the request for the warrant was submitted in a timely fashion. In one instance an auditable form was completed and command review occurred. There was no command review in the other two cases, as the auditable form had not been prepared.

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In the 60 cases that went to arraignment, 41 of these were arraigned more than 48 hours after arrest, and auditable forms were completed. In one instance, a sergeant approved the review; and in another, the commander's review was late. We noted previously that the Department sent Corrective Action Notices to commanders who failed to review the auditable forms within the allotted time constraints. DPD's compliance rate for this portion of the requirement is 98%.

Of the 57 hold/warrants that we identified, there were 26 holds that were not cleared within the required 48 hours. In 19 instances, the Warrant Tracking Form was properly completed and forwarded to the commander for review; in seven cases, the "hold" box was not marked indicating a hold over 48 hours. In another instance, while preparing our document request, the commander completed the auditable form 17 days late. There were four material witnesses taken into custody during this reporting period, and all required auditable forms were completed.

Under this paragraph, there were a total of 46 auditable forms reviewed by the commander. In one instance, the commander completed the auditable form 17 days late; and in the other, the command review was signed off by a sergeant. The paragraph requires a commanding officer review. During a previous site visit, we met with the commanders and advised them of the issue with late reviews. In the event of a commander's absence from the district or precinct, the on-duty commanding officer (lieutenant or above) has the authority to review and sign off on the auditable forms. They serve as precinct commanders during that timeframe.

DPD's overall compliance rate for this paragraph is 96%, an increase over the 89% that we found in the last reporting period. There were no restrictions placed on detainees during this reporting period.

DPD is in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***Critical Issues:***

- The delay of warrant request to the Prosecutor's Office often delays the arraignment for more than 48 hours; and thus, if there is a hold attached to the warrant, both the arraignment and the hold require an auditable form creating additional work for DPD personnel and the opportunity for failure. The Court Administrator for the 36<sup>th</sup> District Court has advised DPD that the time for submittals to the Court has been moved back to 9:00a.m., further impeding the Department's ability to have detainees processed.
- The DPD Administrative Message (Teletype 10-04118) dated November 22, 2010 noted that several districts/precincts were delaying the faxing of prisoner information to Court Liaison just before the cutoff time, thus creating delays in arraignment. Timely preparation of the warrant submittal package to the prosecutor remains problematic for DPD.
- Our review of investigative stops found that officers often fail to articulate "reasonable suspicion" in accordance with DPD policy requiring written documentation of all

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investigatory stops and frisks. The supervisory monitoring of stops and frisks has improved considerably in the past year and must continue. During previous reporting periods, we received auditable forms for violations of the investigatory stop policies. Supervisors must carefully review officers' Daily Activity Logs and complete auditable forms when they are required.

- District/precinct commanders must ensure that auditable forms are completed and forwarded promptly for their review, and advise their lieutenants that they have the authority to review and sign auditable forms under C60 in their absence.
- District/precinct commanders must not allow sergeants to review and approve auditable forms that the commander is required to review. During this reporting period, an investigator (not a supervisor) approved 16 witness interview forms; and in another case, a sergeant approved an auditable form for a violation of the prompt judicial review policy when command review is required.

***Next Steps:***

During the next reporting period, we will:

- Meet with DPD's Civil Rights Integrity Bureau (CRIB) to discuss our investigatory stop concerns, and the timeliness of commanders' reviews as it relates to auditable forms that require daily review. Completeness, accuracy, and timeliness of all reports and auditable forms continue to affect field units and the quality of administrative review. We will discuss issues remaining concerning personnel who are not authorized to review and approve forms.
- Review other investigative units to determine their compliance with interrogations, interviews, conveyances, and material witness policies. During our April site visit, DPD had drafted a plan to centralize its general investigative units; that plan was implemented during this reporting period and should resolve the issue of timeliness with command reviews of auditable forms.
- Observe personnel who are responsible for the detainee booking process; interview them regarding procedures for detailing when holds/warrants are identified and cleared; and inquire as to their role in ensuring how auditable forms are prepared in a timely fashion. Our review of documentation for this reporting period indicated a higher number of instances where holds exceeded the 48-hour requirement and where the Warrant Tracking Forms were not completed than in our previous reviews. We advised CRIB of this issue during our July site visit. Some of these delays occurred during May when the Court shut down for two days due to excessive heat and humidity.
- Meet with the commanders of each district and precinct to discuss issues relating to auditable forms and their role in ensuring compliance.
- Inquire with DPD if any additional processes have been enacted to address the dilemma that occurs when a hold has been previously placed on an arrestee, and the warrant request to the Prosecutor's Office on the current charge has been denied. The concern

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for DPD in these instances creates a delay in presenting the hold for arraignment within 48 hours only on the basis of the hold. In our reviews, this issue has been and remains a problematic, in that holding cell personnel tend to utilize the time of release on clearing a hold – rather than simply writing in the date and time in the space provided on the form. In a few cases, we are finding that when an arraignment occurs more than 48 hours after the arrest and the OIC is completing the auditable form for the late arraignment, the OIC is failing to mark the box on the same form for a hold not being cleared. In some cases, a sergeant is reviewing the auditable form and not ensuring that the OIC (who prepared the document) is marking the holdover 48-hour box.

¶	Requirements	Phase 1 – Policy	Phase 2 – Implementation
42	Define and prohibit arrest without probable cause	In Compliance	In Compliance
43	Review all arrests for probable cause	In Compliance	In Compliance
44	Revise investigatory stop-and-frisk policy	In Compliance	In Compliance
45	Written account of stops and frisks	In Compliance	In Compliance
46	Revise witness policies	In Compliance	In Compliance
47	Revise above in three months	In Compliance	In Compliance
48	Document content, etc. of interviews, etc.	In Compliance	In Compliance
49	Arrests receive prompt judicial review	In Compliance	In Compliance
50	Charges to Prosecutor within 48 hours	In Compliance	In Compliance
51	Document of late warrant requests	In Compliance	In Compliance
52	Revise hold policies	In Compliance	In Compliance
53	Documentation of all holds	In Compliance	In Compliance
54	Policy for restricting telephone access	In Compliance	In Compliance
55	Document and review such restrictions	In Compliance	In Compliance
56	Define material witness	In Compliance	In Compliance
57	Custody of material witnesses-court order	In Compliance	In Compliance
58	Arrests and detention record requirements	In Compliance	In Compliance
59	Required written review of violations	In Compliance	In Compliance
60	Required written review of violations	In Compliance	In Compliance

## **VI. EXTERNAL COMPLAINTS**

The stated mission of the Internal Affairs Division (IAD) is to assure the public's trust and confidence in DPD by conducting thorough and impartial investigations into allegations of criminality and serious misconduct lodged against members of the Department, as well as other

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City of Detroit employees. IAD is charged with the prevention, discovery, and investigation of criminal allegations and allegations of serious misconduct against Department members and City employees who are assigned within the DPD; IAD is responsible for all external complaints alleging possible criminal misconduct.

Consistent with this obligation, IAD accepts information from any source; and requires that all officers and employees document all complaints filed in writing, verbally, in person, by mail, by telephone, by facsimile, or by electronic mail.

During our most recent site visit, we examined the investigative procedures employed by IAD for consistency in the application of procedural fairness, timeliness, confidentiality, and the meticulous reporting of facts and results of an investigation. The IAD Standard Operating Procedures were revised in January 2011 to include Section 5-8, Case Tracking.

The Office of the Chief Investigator (OCI) is the investigative arm of the Board of Police Commissioners (BOPC). OCI is responsible for investigating non-criminal external complaints. The Board has plenary authority over citizen complaints. OCI operates independently of the Detroit Police Department and is led by a civilian Chief Investigator who is appointed by the BOPC. OCI is staffed with a combination of civilian and sworn investigators who assist in the investigation of citizen complaints. OCI's mission is to provide meaningful and objective investigations of citizen complaints of police misconduct.

OCI investigates non-criminal allegations of misconduct against Detroit Police Department personnel for the following: Arrest; Demeanor; Entry; Harassment; Force; Procedure; Property; and Search and Seizure. OCI employees are required to accept complaints from any source and by any method of communication including in writing, verbally, in person, by mail, by telephone, by facsimile, or by electronic mail. Members of the public may also file complaints at the BOPC office or at BOPC meetings.

During our most recent site visit, we met with the BOPC Staff, the Acting Chief Investigator, and supervising investigators assigned to OCI. We discussed the status of overdue investigations in general, and the implementation of the recently adopted backlog elimination plan. We also attended case review meetings with all investigative staff.

***CJ Requirement U61***

*The DPD and City shall revise their external complaint policy to clearly delineate the roles and responsibilities of OCI and the DPD regarding the receipt, investigation and review of external complaints. At a minimum, the plan shall specify each agency's responsibility for receiving, recording, investigating and tracking complaints; each agency's responsibility for conducting community outreach and education regarding complaints; how, when and in what fashion the agencies shall exchange information, including complaint referrals and information about sustained complaints.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

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The established policies and procedures set forth the jurisdictional responsibility of the DPD IAD and OCI.

IAD is charged with the prevention, discovery, and investigation of criminal allegations and allegations of serious misconduct against Department members and City employees who are assigned within the DPD. IAD is responsible for all external complaints alleging possible criminal misconduct.

OCI investigates non-criminal allegations of misconduct against DPD personnel in the following categories: arrest; demeanor; entry; harassment; force; property; search; and service. The established policies and procedures also provide guidance for receiving, recording, tracking, referring, and investigating complaints.

Both IAD and OCI track each open, pending, and closed case by the unique case identifier that is placed on all relevant documentation regarding the specific external complaint and provided to each citizen upon lodging a complaint. Each entity uses a computerized database to record data that is developed concerning external citizen complaints. OCI and IAD continue to enhance the databases; investigators and supervisors now have the ability to make case notes directly into the database. OCI is required to compile a summary of its investigations annually. These summaries are distributed throughout the DPD, to the Board of Police Commissioners, and to the public. In addition, the City displays informational posters in the public areas of all police facilities and public libraries. The City sponsors community meetings and runs public service announcements concerning how to file a citizen's complaint against the police. Through OCI, the Board of Police Commissioners maintains a community outreach coordinator, who attends meetings and makes presentations at the request of community organizations or public forums. The Board of Police Commissioners website provides access to an OCI fact sheet on external police complaints. The BOPC website also allows the public to file complaints online.

The DPD and the City are in compliance with these requirements.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U62***

*The DPD and the City shall develop and implement an informational campaign regarding external complaints, including:*

- a. informing persons that they may file complaints regarding the performance of any DPD employee;*
- b. distributing complaint forms, fact sheets and informational posters at City Hall, OCI, all DPD precincts, libraries, on the internet and, upon request, to community groups and community centers;*
- c. broadcasting public service announcements that describe the complaint process; and*



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- d. posting permanently a placard describing the complaint process, with relevant phone numbers, in the lobby of each DPD precinct*

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

During previous site visits, we inspected Police Headquarters, the Office of the Chief Investigator, police facilities, libraries, and Neighborhood City Halls for compliance with this paragraph. All locations displayed, in a prominent location, permanent placards that described the complaint process. All desk personnel in the police facilities were able to produce citizen complaint brochures immediately, and were aware that they should not discourage citizens from filing a complaint.

During our most recent site visit, we inspected the Office of the Chief Investigator; the Northeastern and Eastern Districts; and the Second (formerly Schaefer Annex), Sixth, Eighth, and Twelfth Precincts. We found the appropriate citizen complaint posters, forms, and brochures in place. One poster was damaged, and Office of Civil Rights personnel took steps to insure a replacement while we were onsite. We contacted desk officers and field officers at each patrol site, and they were able to provide citizen complaint forms and brochures.

We also inspected eight libraries: Henry Chaney Branch; Thomas Edison Branch; Jessie Chase Branch; Sherwood Forest Branch; Duffield Branch; Frederick Douglas Branch; Elmwood Park Branch; and the Main Library. We found the appropriate posters on display, and adequate supplies of complaint forms and brochures. Employees were well versed on the process for securing replacements.

Both DPD and OCI conduct community outreach programs designed to inform citizens of the complaint process and the procedures for filing complaints. The Board of Police Commissioners website allows the public to file complaints against the police online. The City of Detroit broadcasts public service announcements that describe the complaint process. DPD provided us with the broadcast schedule for the week of our site visit. We also reviewed the July 2012 External Information Campaign Audit of All Districts, which was provided to us during our most recent site visit.

DPD is in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U63***

*The DPD shall require all officers to carry informational brochures and contact forms in their vehicles at all times while on-duty. The DPD shall develop a contact form within 60 days of the effective date of this Agreement. The contact form shall be submitted for review and approval of the DOJ. The DPD shall implement the contact form within 60 days of the review and approval of the DOJ. The DPD shall require all officers to inform an individual of his or her right to make a complaint, if an individual objects to an officer's conduct. The DPD shall prohibit officers from discouraging any person from making a complaint or refusing to take a complaint.*



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**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

During previous site visits, we reviewed the audits conducted by the DPD Office of Civil Rights regarding citizen complaint informational brochures and contact forms carried in police vehicles, and we randomly selected officers during our field visits to police facilities and asked them to provide the brochures and forms for review. Each officer who we contacted provided the documents upon our request, and was aware of the requirements of the DPD policy concerning citizen complaints.

During this reporting period, we randomly selected both desk officers and patrol officers in the Northeastern and Eastern Districts; and the Second (formerly Schaefer Annex), Sixth, Eighth, and Twelfth Precincts; and asked them to produce complaint forms and brochures. They were able to do so in each case.

In April, 2012, DPD issued Teletype #12-0300, advising Department employees that the Citizen Complaint Report (CCR), DPD 512, was available in MAS, and that supervisors should no longer use hard copy versions of the report. The form in MAS is to be routed to the member's inspector or commander, who will electronically approve the CCR and forward same to OCI. The teletype also requires that the supervisor taking the complaint document the complaint information in the "electronic desk blotter," and that each command maintains a supply of paper forms in the event MAS becomes inoperable. Paper forms can only be used, however, in such circumstances.

This was our first opportunity to review the new system while it was fully operational. Personnel in at least three locations reported some minor difficulties with the new system as follows: Apparently, the CCR must be printed before being submitted; and once submitted, it cannot be retrieved to make amendments or print additional copies. Personnel also observed that the font in the printed version is very small and may be difficult for some citizens – especially the elderly – to read.

DPD is in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

**A. Intake and Tracking*****CJ Requirement U64***

*The DPD and the City shall revise their policies regarding the intake and tracking of external complaints to define complaint and misconduct as those terms are defined in this Agreement and require all officers and OCI employees to accept and document all complaints filed in writing or verbally, in person or by mail, telephone (or TDD), facsimile or electronic mail.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

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Our past reviews of IAD and OCI external complaint investigations determined that the complaints were filed using all of the communication facilities identified in this paragraph.

Our review of 24 IAD and 100 OCI investigations for this reporting period again found that complaints were filed using all of the communication methods identified in this requirement. DPD remains in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U65***

*The DPD and the City shall permit the intake officer or employee to include a factual account and/or description of a complainant's demeanor and physical condition but not an opinion regarding the complainant's mental competency or veracity.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

In our previous reviews, we found no instances where personnel accepting complaints reported any opinions regarding the mental capacity or veracity of the complainant.

We reviewed 24 IAD and 100 OCI cases for this reporting period. We again found no instances where personnel accepting complaints reported any opinions regarding the mental capacity or veracity of the complainant.

DPD and the City are in compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U66***

*The DPD and the City shall assign all complaints a unique identifier, which shall be provided to the complainant, and a description of the basis for the complaint (e.g., excessive force, discourtesy or improper search).*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

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During previous reporting periods, we reviewed closed IAD and OCI external complaint investigations, and found that each investigative file contained a City of Detroit Citizen Complaint Report (CCR), and a letter acknowledging the receipt of the complaint with the name of the assigned investigator and the office contact number.

For this reporting period, we reviewed 24 IAD and 100 OCI investigations. All investigations contained the required information. The letters also provided case-specific identifiers for the complainant to reference when contacting either IAD or OCI. DPD and the City are in Phase 2 compliance with this requirement.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

**B. External Complaint Investigations*****CJ Requirement U67***

*The DPD and the City shall revise its policies regarding external complaint investigations to:*

- a. provide that all complaints shall be referred for investigation and resolution by OCI or, if the complaint alleges potentially criminal conduct by an officer, by IAD;*
- b. permit the informal resolution of complaints alleging only inadequate service or the complainant's innocence of a charge and require the investigation and formal resolution of all other complaints;*
- c. refer all complaints to the appropriate agency within five business days of their receipt;*
- d. require that the complainant shall be periodically kept informed regarding the status of the investigation;*
- e. develop written criteria for IAD and OCI investigator applicants, including the applicant's complaint and disciplinary history and investigative experience;*
- f. implement mandatory pre-service and in-service training for all IAD and OCI investigators, including intake, investigations, interviews and resolutions of external complaints;*
- g. require IAD and OCI to complete all investigations within 90 days of receiving the complaint and*
- h. require that: (1) upon completion of the investigation by a command other than OCI, the complainant shall be notified of its outcome and, if the complaint is sustained, whether disciplinary or non-disciplinary corrective action has been recommended; and (2) upon completion of an investigation by OCI the complainant shall be notified of its outcome*

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*and, if the complaint is sustained, its referral to the Chief of Police for appropriate disciplinary or non-disciplinary corrective action.*<sup>28</sup>

**Comments:**

*Office of the Chief Investigator:* For this reporting period, we reviewed 100 randomly selected OCI cases. Three cases were transferred to IAD, and one case was transferred to Force Investigations. The IAD cases involved allegations of improper search and theft, and all were appropriate referrals. The Force Investigations case alleged excessive force. There still appears to be communication difficulties between OCI and IAD/FI. In two of the IAD cases, both OCI and IAD were conducting investigations at the same time. It took OCI at least six months in each case to discover the duplication of effort and close the cases as transferred. Similarly, the force case was not transferred to FI until one of the involved officers advised during his Garrity interview (which took place 152 days after the complaint was filed) that he had already provided a statement to Force Investigations.

Three cases were transferred to Communications. They all involved demeanor allegations against Emergency Services Operators; and in each case, Communications supervisors conducted the investigation before OCI received the complaints.

Nine cases were resolved informally. One of the nine cases did not meet the criteria for an Informal Complaint Resolution (ICR), as it did not involve complaints of inadequate service or innocence of the charge. The complainant alleged a failure to return property, and also advised during his interview that officers acted inappropriately in the presence of a woman who was in the home when a search warrant was served. Despite the streamlined approach allowed by an ICR, four of the nine cases were not closed within 90 days. Three cases took over 195 days to close.

Twelve cases in our sample were administratively closed. We determined that three were inappropriately closed via this process. One involved missing property after the complainant was released from jail. While the complainant ultimately refused to cooperate, the complaint did not lack specificity; the property, date, time, location, and involved officers were provided. Another case stemmed from a complaint of illegal search and damage to property. Two officers were interviewed and then the case was inexplicably administratively closed. The third case involved a complaint of reckless driving on the part of a traffic officer. It was closed for lack of specificity, despite the fact that a date, time, location, and six of the seven digits in the vehicle's identification number were provided. The OCI investigator claimed that she was unable to identify the vehicle; yet a sergeant in the Office of Civil Rights ascertained the involved vehicle with a few minutes of effort.

Only 37 of the 100 cases we reviewed were completed within 90 days. As in previous reports, we noted many had long gaps of time in which no apparent activity took place. In February, the City and OCI were required to submit a backlog elimination plan to the Court. This plan designates a Special Assignment Team (SAT) to work exclusively on backlogged cases, outlines specific oversight and case management practices to be applied to all investigators, and identifies

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<sup>28</sup> Amended by Court Order dated September 15, 2008

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monthly targets for case completion. As stated in our last report, OCI's earnest efforts to address its older cases have resulted in the inordinate number of aged cases in our sample.

All of the 100 cases we reviewed were referred to OCI within five business days as required by DPD policy; most cases were transferred within one to three days. However, we noted the untimely transfer of cases from OCI to IAD or FI, as described earlier.

In all but five cases, we noted efforts to keep the complainant informed of case progress. Often, this correspondence involved attempts to encourage uncooperative complainants to participate in their investigations. In all applicable cases, the complainants were notified of the disposition of their cases, and if any allegations were sustained, they were advised that the case was referred to the Chief of Police for appropriate corrective action.

During our previous site visits, we verified ongoing in-service training for OCI personnel. Much of this training occurs in conjunction with other DPD employees. While we do not discourage this practice, we continue to encourage OCI to explore training specific to OCI's responsibilities, in order to address knowledge and skill gaps that impact the quality of its investigations. We also verified that the newly hired investigators received appropriate pre-service training.

The City is not in Phase 2 compliance with the OCI portion of this paragraph.

*Internal Affairs Division Investigations:* IAD Standard Operating Procedures do not specifically permit or encourage informal resolution due the nature of their investigative jurisdiction of alleged criminality and/or serious misconduct lodged against Department personnel. Accordingly, IAD investigates and makes findings in each case.

IAD Standard Operating Procedures and OCI policy require that all complaints be referred to the appropriate agency within five business days of their receipt. Historically, we discovered significant delays in transferring appropriate cases from OCI to IAD. During the current reporting period, we reviewed 24 IAD cases, and determined that none had been referred by OCI.

The IAD Standard Operating Procedures contains criteria for investigator applicants and training. IAD is current in its training requirements.

In cases of prolonged investigations, IAD must provide an updated case status to complainants, and upon closure, notify them of the closure, finding(s), and action(s) taken, where appropriate.

Our review determined that IAD is in compliance with the notifications to complainants upon both the opening and the closure of all investigations.

During our current review of 24 investigations, four exceeded the 90-day time limit. Of those, the reviewer determined that one was delayed due to adjudication in criminal court, two were delayed awaiting response for warrant requests from Wayne County Prosecutor's Office, and one was delayed due to the collection and review of significant bank records. All delays were documented and approved by the supervisor. There were no cases that were inappropriately delayed during this period.

DPD is in compliance with the IAD portion of this paragraph.

**Compliance Status:**

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Phase 1: In Compliance

Phase 2: Not in Compliance

***CJ Requirement U68***

*The DPD and the City shall review and evaluate the external complaint review process to require:*

- a. the Chief Investigator or his/her designee to complete review of OCI investigations within 7 days of completion of the supervisor's review;*
- b. the Board of Police Commissioners to complete review of OCI investigations within 45 days of completion of the Chief Investigator's review;<sup>29</sup> and*
- c. the Chief of Police or his or her designee to complete his or her review of external complaints within 7 days of completion of the BOPC's review.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

During our past two reviews, we noted that the external complaint review process was not completed within the appropriate timeframes. During this reporting period, the Acting Chief Investigator reviewed all investigations submitted to him within the prescribed seven-day period.

All Board of Police Commissioner reviews in our sample were completed in a timely manner. During our most recent site visit, we also reviewed correspondence between OCI and the Chief's Office showing timely transfer of cases once the Board approves them.

The City is in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U69***

*In addition to the investigatory report and evaluation requirements, each allegation in an administrative external complaint investigation shall be resolved by making one of the following dispositions:*

- a. "Unfounded," where the investigation revealed no facts to support that the incident complained of actually occurred;*
- b. "Sustained," where a preponderance of the evidence shows that the alleged conduct did occur and the actions of the officer violated DPD policies, procedures or training;*

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<sup>29</sup> Amended by Court Order dated July 18, 2003



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- c. *“Not Sustained,” where there are insufficient facts to decide whether the alleged misconduct occurred; and*
- d. *“Exonerated,” where a preponderance of the evidence shows that the alleged conduct did occur but did not violate DPD policies, procedures or training.*

**Comments:**

During this reporting period, we reviewed 100 randomly selected OCI cases. For purposes of this paragraph, we evaluated the determination of finding based on the information in each case file. We found six cases in which allegations did not receive appropriate dispositions. In these cases, we learned of the additional allegations by listening to the complainants' interviews, as they were not mentioned on the original CCR. The allegations were not identified or addressed in the case summaries. As noted in our previous reports, we are concerned with the frequency of this, as we listen only to a small subset of interviews. This is what drives our insistence that supervising investigators either observe interviews conducted by their investigators or listen to recordings afterwards.

In one case, an allegation of force originally listed in the CCR went unaddressed by the investigator. The investigator wrote, “Because the complainant did not make any allegation of being punched or hit to this writer (during his interview), that information is not listed in the area of concern.” Failure to repeat the information provided in the original complaint is certainly no reason to drop an allegation.

We believe that four cases were improperly either administratively or informally closed. Therefore, findings were not reached in these cases. We do not concur with the findings assigned to one or more allegations in 13 cases. In one, a complainant's allegation of excessive force was unfounded, in part, because he did not lodge his complaint until an hour after his arrest. In another case alleging excessive force, the audio recording from the in-car video tends to support the complainant's version of events, and the allegation should have been sustained. In still another case, a demeanor allegation was exonerated, even though the subject officer's partner corroborated the complainant's statement and the allegation should have been sustained. In another demeanor case, one of the officers indicates that profane language was used, while the other officer admits that “choice” language was used; yet the demeanor allegation is not sustained. In still another demeanor case, the complainant alleged that during a phone call an officer hung up on her. The officer admitted to putting the complainant on hold because he believed the complainant was being rude, and he then waited on other citizens at his desk position before picking up the phone again. To the complainant, the result was the same as a hang-up, and the allegation should have been sustained.

OCI must not only make one of the findings specified above, but the findings must be consistent with the defined requirements. Accordingly, the City is not in Phase 2 compliance with this requirement.

In addition, we reviewed all 24 IAD cases – including internal and external complaints – that were completed during this reporting period. During earlier reviews, there were dispositions in each of the investigations. We did not always agree with the dispositions, especially those that were derived from faulty interviews and/or the failure to gather pertinent evidence. When we



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discussed this issue with IAD personnel, IAD advised that it was making efforts to correct the problems.

During this reporting period, all investigations contained the required dispositions. Included in the 24 investigations were 29 allegations of misconduct. The following is a breakdown of the dispositions of the 29 allegations: 10 sustained; six not sustained; one exonerated; and 12 unfounded. Based on our review of the investigative documents, we are in agreement with the dispositions. IAD is in compliance with this requirement.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: Not in Compliance

***Critical Issues:***

We examined 24 closed IAD cases and 100 closed OCI cases for the period of April 1, through June 30, 2012. Our review disclosed that the following issues continue to require attention:

- *IAD Case Tracking:* During the first quarter of 2011, IAD adopted a computer program to aid in tracking its cases. While the system does not alert the users to deadlines, it does allow for communication between the investigator and supervisor. The supervisor recently incorporated a computerized calendar into the process, which notifies her when an assignment date has been reached. Also, cases that are submitted to the Prosecuting attorneys are tracked, and updates are requested on a regular basis. IAD appears to have eliminated the backlog of overdue cases, with the exception of those cases that are awaiting disposition or prosecution at the Prosecutor's Office.
- *Timeliness of Investigations:* The timeliness of OCI's investigations had been steadily slipping since March of 2011, which resulted in the Court directing that the City submit a backlog elimination plan. That plan appears to have been successful in eliminating the backlog. Unfortunately, OCI does not have a history of staying current with its cases once significant backlogs have been eliminated. We are optimistic that the current leadership team and the systems it has put in place will result in sustainability in this area, but we will be monitoring closely for any signs of slippage.
- *OCI Case Management:* Similar to our last report, we noted several instances during this reporting period in which it appears that expediency took precedence over quality, most notably in OCI's efforts to close its older cases. We must hold these cases to the same standard of review as cases that are more current. Now that the backlog has been eliminated, OCI must focus on addressing the issues of quality that are adversely affecting its compliance with the applicable Consent Judgment requirements.

***Next Steps:***

During the next reporting period, we will:

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- Review a sample of the cases closed by OCI and IAD for the months of July, August, and September 2012.
- Verify implementation of and adherence to the backlog elimination plan filed with the Court.

¶	Requirements	Phase 1 - Policy	Phase 2 – Implementation
61	Revise external complaint policies	In Compliance	In Compliance
62	Information campaign re complaints	In Compliance	In Compliance
63	Officers carry information/contact forms	In Compliance	In Compliance
64	Policy to define complaint intake/track	In Compliance	In Compliance
65	Permit factual account, no opinion	In Compliance	In Compliance
66	Unique identifier for complaints	In Compliance	In Compliance
67	Revision of complaint investigations	In Compliance	Not in Compliance
68	Time limits for review of investigations/complaints	In Compliance	In Compliance
69	Required finding categories specified	In Compliance	Not in Compliance

## VII. GENERAL POLICIES

This section of the Consent Judgment addresses a variety of issues in general terms. It seeks to ensure that when the DPD develops policies, all the terms used are clearly defined, and that prior to making policy revisions, the DPD posts the proposals on the DPD website to inform the community of the proposed revisions. It requires DPD to advise all of its officers that taking police actions in violation of DPD policies shall subject them to a variety of possible actions, to include disciplinary, criminal prosecution, or civil liability. This section also requires officers to report acts of misconduct by other officers, whether on or off duty. Additionally, this section required DPD to revise its policy regarding police actions by off-duty officers; and to revise the policies on how DPD handles prisoners, to include summoning first aid as necessary, summoning assistance if required, and prohibiting the accompanying of prisoners to the holding cell area. This section also required DPD to develop a foot pursuit policy and to plan for adequate distribution of manpower. DPD has developed the appropriate policies and has achieved implementation.

### ***CJ Requirement U70***

*In developing and revising the policies discussed in this Agreement, the DPD shall ensure that all terms are clearly defined.*

### **Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

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The DPD CRIB Planning Unit is responsible for reviewing and updating all current policies and for ensuring that revisions are consistent with the requirements of the Consent Judgment. With the effective dissemination of Directive 404.1, Definitions, it has ensured that all terms are clearly defined. The DPD remains in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U71***

*The DPD shall continue to make available proposed policy revisions to the community, for their review, comment and education. Such policy revisions shall also be published on the DPD's website to allow comments to be provided directly to the DPD.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

The DPD 35<sup>th</sup> Quarter Status Report, issued June 30, 2012, reports that during the twelfth quarter, the following revisions to Consent Judgment-related directives were disseminated to all members: 101.1, Written Directive System, effective May 2, 2012; 102.4, Discipline/Misconduct Investigations, effective May 2, 2012; 201.9, Animal Procedures, effective May 2, 2012; 305.1, Detainee Intake Assessment, effective May 2, 2012; and 305.8, Detainee Food Service/Hygiene Items effective May 2, 2012. The DPD did not present these directives to the BOPC or post them to its website, as the revisions were not substantive in nature.

On June 14, 2012, the DPD presented Directive 103.5, Secondary Employment, and Directive 305.2, Detainee Registration, to the BOPC for its review. In addition, the policies were posted on the City of Detroit's website for public review and comment. The policy is pending the approval of the BOPC.

DPD remains in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U72***

*The DPD shall advise all officers, including supervisors, that taking police action in violation of DPD policy shall subject officers to discipline, possible criminal prosecution, and/or civil liability.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

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To assess Phase 2 compliance for this report, we reviewed the training data for FY 11-12. As of June 30, 2012, 2,405 members (98%) received the use of force training, which incorporates the methods for dealing with this requirement.

DPD remains in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U73***

*The DPD and the City shall develop a plan for ensuring regular field deployment of an adequate number of supervisors of patrol units and specialized units that deploy in the field to implement the provisions of this agreement.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

During the last two reporting periods, we found that 98% and 100%, respectively, of the randomly selected platoons and specialized units were in compliance with the required 1:10 ratio of supervisors to officers in patrol and specialized units on the dates surveyed.

During this reporting period, we again surveyed Daily Details for three days selected at random (Thursday, April 19, 2012; Friday, May 25, 2012; and Saturday, June 2, 2012). We found that of the 119 platoons deployed on the three days, 117 (98%) were in compliance with the required 1:10 span of control ratio.

DPD is in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U74***

*The DPD shall enforce its policies requiring all DPD officers to report any misconduct committed by another DPD officer, whether committed on-duty or off-duty.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

To assess Phase 2 compliance for this report, we reviewed the training data FY 11-12. As of June 30, 2012, 2,405 members (98%) received the use of force training, which incorporates the methods for dealing with this requirement.

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We reviewed no cases during this reporting wherein officer misconduct was or should have been reported.

DPD remains in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U75***

*The DPD shall revise its policies regarding off-duty officers taking police action to:*

- a. provide that off-duty officers shall notify on-duty DPD or local law enforcement officers before taking police action, absent exigent circumstances, so that they may respond with appropriate personnel and resources to handle the problem;*
- b. prohibit off-duty officers from carrying or using firearms or taking police action in situations where an officer's performance may be impaired or the officer's ability to take objective action may be compromised; and*
- c. provide that, if it appears the officer has consumed alcohol or is otherwise impaired, the officer shall submit to field sobriety, breathalyzer, and/or blood tests.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

To assess Phase 2 compliance for this report, we reviewed the training data for FY 11-12. As of June 30, 2012, 2,405 members (98%) have received the use of force training, which incorporates the methods for dealing with this requirement.

On January 19, 2012, the letter to the Michigan Association of Chiefs of Police (MACO), requesting that member agencies notify DPD IAD of any off-duty actions involving DPD members in their respective jurisdictions was sent. A copy of the letter was provided to the Monitoring Team.

During this reporting period, there was one case submitted at the SIR level in which an off-duty officer was involved in an incident in DPD's jurisdiction and which had exigent circumstances resulting in an immediate reaction by the involved officer. The officer was off duty and standing on a street corner speaking with friends. He was the victim of an armed robbery, after which the subject fired two shots at him; he returned fire, firing two shots that had no effect. Force Investigations assumed responsibility for this investigation. There was no indication that the officer had consumed alcohol or was otherwise impaired.

DPD remains in Phase 2 compliance with this requirement.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

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***CJ Requirement U76***

*The DPD shall revise its policies regarding prisoners to:*

- a. require officers to summon emergency medical services to transport prisoners when the restraints employed indicate the need for medical monitoring;*
- b. require officers to utilize appropriate precautions when interacting with a prisoner who demonstrates he or she is recalcitrant or resistant, including summoning additional officers, summoning a supervisor and using appropriate restraints; and*
- c. prohibit arresting and transporting officers from accompanying prisoners into the holding cell area.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

To assess Phase 2 compliance for this report, we reviewed the training data for Fiscal Year 2011-2012. As of June 30, 2012, 2,405 members (98%) have received the use of force training, which incorporates the methods for dealing with the enumerated requirements.

We also reviewed all 91 Command Level Investigations completed during this reporting period. None of the cases reviewed were in violation of these requirements.

DPD remains in continued Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U77***

*The DPD shall develop a foot pursuit policy to:*

- a. require officers to consider particular factors in determining whether a foot pursuit is appropriate, including the offense committed by the subject, whether the subject is armed, the location (e.g., lighting and officer familiarity), whether more than one officer is available to engage in the pursuit, the proximity of reinforcements, and the ability to apprehend the subject at a later date;*
- b. emphasize alternatives to foot pursuits, including area containment, surveillance, and obtaining reinforcements;*
- c. emphasize the danger of pursuing and engaging a subject with a firearm in hand; and*
- d. require officers to document all foot pursuits that involve a use of force on a separate, auditable form, such as the use of force report.*

**Comments:**

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The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

During this reporting period, we reviewed the training data for FY 2011-2012. As of June 30, 2012, 2,405 members (98%) have received the use of force training, which incorporates the methods for dealing with the enumerated requirements.

We reviewed eight foot pursuits during this reporting period. There were six cases in which officers considered alternatives to foot pursuits. Two of the cases involved foot pursuits of individuals who had been armed, though each of the subjects discarded their weapons during the pursuit. All eight pursuits were documented on the appropriate Use of Force 002 Form.

DPD remains in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***Critical Issues:***

DPD remains in full compliance in this area, and we have observed no major issues that suggest concerns about the Department's continuing that status.

***Next Steps:***

During the next reporting period, we will:

- Continue to monitor relevant policy changes, including efforts to address the public's interest in policy.
- Continue to heed the training requirements inherent in policy development in this area.

¶	Requirements	Phase 1 – Policy	Phase 2 – Implementation
70	Clear definitions in policies	In Compliance	In Compliance
71	Proposed policy changes open to comm.	In Compliance	In Compliance
72	Advise officers policy violations disciplined	In Compliance	In Compliance
73	Adequate officer/supervisor ratio	In Compliance	In Compliance
74	Enforce misconduct reporting requirements	In Compliance	In Compliance
75	Revise policies regarding off-duty officers	In Compliance	In Compliance
76	Revise prisoner-related policies	In Compliance	In Compliance
77	Develop foot pursuit policy	In Compliance	In Compliance



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**VIII. MANAGEMENT AND SUPERVISION**

This portion of the Use of Force Consent Judgment addresses several key management areas including the development of a risk management system, audit requirements, including in-car cameras, personnel evaluations, and the reduction of a backload of disciplinary cases. Thirteen of the 28 requirements in this section address the development and use of a comprehensive risk management system.

The DPD has made progress in instituting a workable mobile video system that supports both its important police mission and the management and oversight of its operations. In the past two years, it has repaired and deployed over 300 in-car MVS systems and begun to remedy deficiencies that threaten its successful implementation. The wireless system, the most serious problem that prevents comprehensive upload of data, has now been upgraded. DPD has also begun to acquire and deploy new MVS units that are expected to provide both significantly improved reliability and enhanced management capabilities.

DPD has moved forward significantly in this area, but there is still more to do to ensure success. Officers still do not record either video or audio in their citizen contacts frequently enough to achieve Phase 2 compliance. As we observed in our last report, training the officers and supervisors who will work with the new equipment in the procedures and directives that pertain to its operation will be critical to success. The Department needs to devote the resources, both in personnel and equipment, necessary to complete the work on this important project.

**A. Risk Management Database*****CJ Requirement U78***

*The DPD shall devise a comprehensive risk management plan, including:*

- a. a risk management database (discussed in paragraphs 79-90);*
- b. a performance evaluation system (discussed in paragraph 91);*
- c. an auditing protocol (discussed in paragraphs 92-99);*
- d. regular and periodic review of all DPD policies; and*
- e. regular meetings of DPD management to share information and evaluate patterns of conduct by DPD that potentially increase the DPD's liability.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

This paragraph provides an overview of the requirements for the development and implementation of the risk management system, which is described in detail in paragraphs U79-99; and the other requirements relating to management and supervision. Progress in particular areas reflected in those requirements is noted in the separate assessments below.

In previous reports, a finding of pending compliance for this paragraph was associated with the need for DPD to norm its risk management data by taking into account the number of arrests made by officers in order to systematically identify outliers who pose the greatest risk to the

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department and their careers. Our last report noted progress in norming the data and reported pending compliance indicating that the next step would be to conduct the PEERS reviews that were supported by the norming process. Those reviews are being conducted as expected. With that, DPD achieves full compliance with this requirement. This has the effect of bringing all of the risk management-related requirements into compliance for the first reporting period.

Maintaining compliance will require the continued success with the collection and storage of data, its use, including normed data to identify outliers, competent reviews by supervisors, and appropriate use of monitoring and intervention consistent with the reduction in risk.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U79***

*The DPD shall enhance and expand its risk management system to include a new computerized relational database for maintaining, integrating and retrieving data necessary for supervision and management of the DPD. Priority shall be given to the DPD obtaining an established program and database. The DPD shall ensure that the risk management database it designs or acquires is adequate to evaluate the performance of DPD officers across all ranks, units and shifts; to manage risk and liability; and to promote civil rights and best police practices. The DPD shall regularly use this data for such review and monitoring.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

Phase 2 compliance with this requirement was recognized following extensive testing of MAS, from which we concluded that the system was capable of meeting the risk management requirements as specified in the Consent Judgment. The Department has continued to make progress on system development and implementation. To support that conclusion, we reviewed the monthly MAS Status reports through the month of June. In this reporting period, we also reviewed the monthly command reviews documenting the use of MAS. We have also examined the results of PEERs reviews. As noted below, this material also included PEERs that were returned to supervisors as insufficient. For the current reporting period, we again examined the use of the system, including the input of data, the use of that data, and the identification and review of officers exceeding thresholds established in the system. Based on our review of the continued development and use of this system, we again recognize the achievement of Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

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***CJ Requirement U80***

*The new risk management database shall collect and record the following information:*

- a. *all use of force reports and use of force investigations;*
- b. *all canine deployments;*
- c. *all canine apprehensions;*
- d. *all canine bites;*
- e. *all canisters of chemical spray issued to officers;*
- f. *all injured prisoner reports and injured prisoner investigations;*
- g. *all instances in which force is used and a subject is charged with "resisting arrest," "assault on a police officer," "disorderly conduct" or "interfering with a city employee;"*
- h. *all firearm discharge reports and firearm discharge investigations;*
- i. *all incidents in which an officer draws a firearm and acquires a target;*
- j. *all complaints and complaint investigations, entered at the time the complaint is filed and updated to record the finding;*
- k. *all preliminary investigations and investigations of alleged criminal conduct;*
- l. *all criminal proceedings initiated, as well as all civil or administrative claims filed with, and all civil lawsuits served upon, the City, or its officers, or agents, resulting from DPD operations or the actions of DPD personnel, entered at the time proceedings are initiated and updated to record disposition;*
- m. *all vehicle and foot pursuits and traffic collisions;*
- n. *all reports regarding arrests without probable cause or where the individual was discharged from custody without formal charges being sought;*
- o. *all reports regarding investigatory stops and/or frisks unsupported by reasonable suspicion;*
- p. *all reports regarding interviews, interrogations or conveyances in violation of DPD policy;*
- q. *the time between arrest and arraignment for all arrests;*
- r. *all reports regarding a violation of DPD prompt judicial review policy;*
- s. *all reports regarding a violation of DPD hold policy;*
- t. *all restrictions on phone calls or visitors imposed by officers;*
- u. *all instances in which the DPD is informed by a prosecuting authority that a declination to prosecute any crime was based, in whole or in part, upon concerns about the credibility of a DPD officer or that a motion to suppress evidence was granted on the grounds of a constitutional violation by a DPD officer;*

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- v. *all disciplinary action taken against officers;*
- w. *all non-disciplinary corrective action required of officers, excluding administrative counseling records;*
- x. *all awards and commendations received by officers;*
- y. *the assignment, rank, and training history of officers; and*
- z. *firearms qualification information of officers.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

Our analyses continue to find that the expected information is present for all the mandated data categories. The totals for data entered during the reporting period for all relevant subtasks are presented below. Our review of MAS reports also supports the fact that these data are consulted and used in the risk management process. We continue to recognize the importance of sound data entry and retention practices and we anticipate further review of specific data elements each reporting period. The data below show that there is a general consistency in the numbers across most categories for the time periods shown.

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	<b>U80 Data Requirements –</b>				
	<b>Quarterly Department Totals</b>				
<b>Subtask</b>	<b>Text</b>	<b>7/1-9/30, 2011</b>	<b>10/1-12/31, 2011</b>	<b>1/1-3/31,2012</b>	<b>4/1-6/30, 2012</b>
a	use of force reports	278	254	237	334
a	use of force investigation	132	100	95	118
b	canine deployments	15	15	6	7
c	canine apprehension	6	4	0	1
d	canine bites	0	0	0	0
f	injured prisoner reports	13	18	9	17
g	injured prisoner investigations	13	18	9	17
g	force and arrests for resisting arrest	116	99	101	120
g	force and arrests for assault on an officer	58	36	43	65
g	force and arrests for disorderly conduct	42	27	14	31
g	force and arrests for interfering with city employee	32	11	5	16
h	firearm discharge reports	7	6	10	8
h	firearm discharge investigations	7	4	7	8
i	officer draws a firearm & acquires target	18	12	30	43
j	Complaints	307	264	272	232
k	investigations of criminal misconduct by officers	15	0	10	0
l.	criminal proceedings against members	0	2	1	3
l.	all civil lawsuits	8	34	25	18
m	vehicle pursuits	42	81	45	40
m	foot pursuits	14	14	9	35
m	traffic collisions	34	35	43	36
n	reports of arrests w/o probable cause	2	10	0	0
n	individuals discharged from custody w/o charges	N/A	555	509	610
o	investigatory stops and frisks w/o reasonable suspicion	Frisks=146 Stops=54	Frisks=63 Stops=10	Frisks=21 Stops=12	Frisks=13 Stops=6
p	reports of interviews, interrogation, or conveyances in viol of policy	Interviews=33, Interrogation=15 Conveyances=4	Interviews=18, Interrogation=10 , Conveyances=0	Interviews=11, Interrogation=6 , Conveyances=0	Interviews=0, Interrogation=0, Conveyances=0
r	reports of violations of prompt judicial review	891	841	848	829
s	reports of violation of DPD hold policy	134	97	111	189
t	reports of restrictions on phone calls or visits	27	1	15	18
u	report of declination to prosecute due to police conduct or suppressed evidence	0	0	0	0
v	disciplinary action taken against officers	37	42	70	15
w	non-disciplinary corrective action	188	299	463	131

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The quarterly review of these data provides a means by which the Department can assess DPD activity and also examine the quality of information entered into MAS. This analysis continues to indicate that the appropriate data are collected and entered into the risk management system.

DPD is in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U81***

*The new risk management database shall include, for each incident, appropriate identifying information for each involved officer (including name, pension number, badge number, shift and supervisor) and civilian (including race, ethnicity or national origin, sex, and age).*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

As noted in our past three reports, DPD has resolved issues around reporting information regarding citizens connected with reported incidents. That data continues to be entered into MAS appropriately. The data on officers also continues to be reliably entered and maintained.

DPD remains in Phase 2 compliance with this requirement.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U82***

*The DPD shall prepare, for the review and approval of the DOJ, a Data Input Plan for including appropriate fields and values of new and historical data into the risk management database and addressing data storage. The Data Input Plan shall:*

- a. detail the specific fields of information to be included and the means for inputting such data (direct entry or otherwise);*
- b. specify the unit responsible for inputting data, the deadlines for inputting the data in a timely, accurate, and complete manner;*
- c. specify the historical time periods for which information is to be input and the deadlines for inputting the data in an accurate and timely fashion; and*
- d. requires that the data be maintained in a secure and confidential manner.*

**Comments:**

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The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

The Department's revised Data Input Plan was approved by the Department of Justice in a letter dated June 9, 2011. Our observations and interviews with DPD continue to support the conclusion that the provisions of the Data Input Plan are reflected in the practices of the Department.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U83***

*The DPD shall prepare, for the review and approval of the DOJ, a Report Protocol for the risk management database that details the types of routine reports the DPD shall generate and pattern identifications the DPD shall conduct. The Report Protocol shall:*

- a. require the automated system to analyze the data according to the following criteria:*
  - i. number of incidents for each data category by individual officer and by all officers in a unit;*
  - ii. average level of activity for each data category by individual officer and by all officers in a unit; and*
  - iii. identification of patterns of activity for each data category by individual officer and by all officers in a unit;*
- b. establish thresholds for the numbers and types of incidents requiring a review by an officer's supervisor of whether the officer or group of officers is engaging in at-risk behavior (in addition to the regular reviews required by paragraph 84); and*
- c. require the database to generate reports on a monthly basis describing the data and data analysis and identifying individual and unit patterns.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

The Department's revised Report Protocol was also approved by the Department of Justice in a letter dated June 9, 2011. Our observations and interviews with DPD continue to support the conclusion that the provisions of the Report Protocol are reflected in the practices of the Department. To consider this, we also examined command monthly reviews in MAS, and confirmed both the availability and use of the MAS data at the command level. As in previous quarters, during our most recent site visit, members of the Monitoring Team attended the Command Compliance Review Meeting and observed the use of information from MAS.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance



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***CJ Requirement U84***

*The DPD shall prepare, for the review and approval of the DOJ, a Review Protocol for using the risk management database that addresses data analysis, supervisory assessment, supervisory intervention, documentation and auditing. The Review Protocol shall require:*

- a. that when an officer or group of officers pass a threshold established in the Report Protocol the officer's(s') supervisor shall review all information in the risk management database regarding the officer(s), together with other relevant information;*
- b. the reviewing supervisor to document whether he or she took non-disciplinary corrective action or recommended disciplinary action, the basis for this decision, and what corrective action was taken, if any;*
- c. supervisors to review, on a regular basis but not less than quarterly, database reports, together with other relevant information, to evaluate individual officer and unit activity for at-risk behavior;*
- d. precinct and unit commanders to review, on a regular basis but not less than quarterly, database reports, together with other relevant information, to evaluate individual supervisor's assessment and analysis of information in the risk management database and the corrective action taken by supervisors;*
- e. appropriate DPD supervisors to review and evaluate, on a regular basis but not less than quarterly, police performance citywide, using all relevant information from the risk management database and other relevant information and to evaluate and make appropriate comparisons regarding the performance of all DPD units in order to identify any significant patterns or series of incidents;*
- f. commanders and supervisors conducting such periodic reviews to take non-disciplinary corrective action when appropriate for individual officers, supervisors or units and document any such action in writing;*
- g. that the information in the database be accessible to commanders, supervisors and the BPC;*
- h. that the information in the database is considered when evaluating a DPD employee for transfer or promotion;*
- i. commanders and supervisors to promptly review records of all officers recently transferred to their sections and units;*
- j. commanders and supervisors to be evaluated on their ability to use the risk management database to enhance effectiveness and reduce risk;*
- k. that a designated DPD unit be responsible for managing and administering the database, including conducting quarterly audits of the system to ensure action is taken according to the process described above; and*
- l. that aggregated information from the risk management database be shared on a regular and periodic basis with training and policy planning staff.*

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**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

The Review Protocol was revised, submitted for review and approved by DOJ on June 9, 2011. Interviews with staff assigned to MAS continue to support the conclusion that the review process is being implemented consistent with policy. To further assess that, we examined all Personnel Evaluation and Enhancement Review Sessions (PEERS) completed and signed off in the reporting period for the relevant quarter. The data comparing this reporting period to the previous reporting period are presented below.

<b>PEERS and Their Outcomes</b>				
	July-Sept 2011	Oct-Dec	Jan-March 2012	April-June
Total PEERS	93	77	63	68
No Action Needed	65 (70%)	67 (87%)	53 (84%)	55 (81%)
Monitoring	10 (11%)	7 (9%)	8 (13%)	8 (12%)
Other/Pending	18 (19%)	4 (5%)	2 (3%)	5 (7%)
PEERS returned for correction or completion	N/A	9 supervisors 33 reviews	12 supervisors 13 reviews	3 supervisors 5 reviews

In 68 completed PEERS, supervisors and command staff found no need for action in 55 (81%) of cases. They assigned officers to be monitored in eight (12%) of cases. They did not report taking informal action (training recommendations, additional review) in any cases. Five cases had not completed the process during the reporting period. Overall, the outcomes of the PEERS are similar to those of the last reporting period. Recommendations for monitoring were the result of approximately the same percentage of reviews across the three reporting periods.

The figures above continue to make it clear that MAS is being utilized. Our review of PEERS indicated that many supervisors appear to be thorough in their reviews, and command personnel appear to scrutinize PEERS decisions appropriately. As part of the quality control process, the Risk Management Unit continuously examines the PEERS processes for delays, incomplete reviews and insufficient detail or inappropriate outcomes. When concerns arise, the unit issues corrective action notices (CANs) to supervisors. We reviewed corrective action notices for 51 reviews that were sent to supervisors for inadequate or incorrect PEERS that they conducted over the past three reporting periods. As shown above, the number for each reporting period seems to be falling, suggesting the impact of the feedback. The overall numbers indicate that oversight of this process is taking place and is effective. The risk management unit also critically reviews reports of monitoring that result from PEERS reviews. They identify inadequate interventions or documentation and seek corrections. We expect that the numbers of PEERS returned for corrective action will be reduced over time. We will continue to monitor this review process.

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In our last report, we expressed our concern that the volume of cases where no intervention is needed could indicate that the system is not sufficiently efficient at identifying officers engaged in high-risk behavior. Those concerns are being addressed as the Department moves forward with the selection of officers for review based on normed data and moves away from using a set number of indicators as the selection criteria.

All of the above data indicate the system is heavily used and carefully administered in a manner consistent with risk reduction goals. We continue to be pleased to see the ongoing efforts to improve this process, including production of regular reports on risk management and the development of new types of risk analyses, such as focusing on low-activity officers. The use of risk management data through the command accountability meeting process illustrates the value of this system to the daily management of DPD.

DPD is in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U85***

*The DPD shall seek to ensure that the risk management database is created as expeditiously as possible. As part of this effort, the DPD, in consultation with the DOJ, shall organize the risk management database into modules in developing the Data Input Plan, the Report Protocol, the Review Protocol and the Request for Proposals and in negotiating with contractors, such that difficulties with one aspect of the risk management database do not delay implementation of other modules.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

During the current reporting period, there have been no changes that would affect the compliance status with this requirement. The Department continues its processes of development and improvement of the risk management system in a manner consistent with expectations. It produces regular reports of the system status and any revisions or improvements that have been made. These are discussed during our site visits.

DPD continues to be in Phase 2 compliance with this requirement.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

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***CJ Requirement U86***

*Where information about a single incident is entered into the risk management database from more than one document (e.g., from a complaint form and a use of force report), the risk management database shall use a common control number or other equally effective means to link the information from different sources so that the user can cross-reference the information and perform analyses.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

DPD has addressed the need for a common control number or other equally effective means of connecting information across reports of a single incident by developing an algorithm to link documents in the database. The system now links documents using as many as nine variables. These include such elements as identifying information on officers and civilians involved in the incident, the date of the event, and the Crisnet number. DPD also incorporated a box to check to retrieve “related documents” directly on the appropriate MAS computer screens. This has proven a successful solution to this technical problem.

DPD continues to be in Phase 2 compliance with this requirement.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U87***

*The City shall maintain all personally identifiable information about an officer included in the risk management database during the officer’s employment with the DPD and for at least five years after separation. Information necessary for aggregate statistical analysis shall be maintained indefinitely in the risk management database.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

The Phase 2 compliance finding for this requirement remains unchanged. The required data are accessible through MAS, and the five-year retention policy on personal information is in place.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U88***

*The new risk management database shall be developed and implemented according to the following schedule:*

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- a. *By January 24, 2008, the City shall have ready for testing a beta version of the risk management database consisting of: i) server hardware and operating systems installed, configured and integrated with the City and DPD's existing automated systems; ii) necessary database software installed and configured; iii) data structures created, including interfaces to source data; and iv) the information system completed, including historic data. The DOJ and the Monitor shall have the opportunity to participate in testing the beta version using new and historical data and test data created specifically for the purposes of checking the risk management database.*
- b. *The risk management database shall be operational and fully implemented by July 24, 2008.*
- c. *The parties and the independent monitor shall meet on a monthly basis to discuss what actions have been taken during the previous month toward development of the new risk management database.*
- d. *The defendant shall present to the plaintiff and the independent monitor, on a monthly basis, evidence of satisfactory progress sufficient to justify a conclusion that completion of the new risk management database by August 11, 2008 remains feasible. If at any time the plaintiff concludes that successful completion of the project within the timeframes described in this paragraph is unlikely, the plaintiff shall so notify the Court and the defendant. Within sixty days after receipt of such notice, the defendant shall issue an RFP to develop or complete development of the new risk management database as was required by 88c. of this Consent Judgment before it was amended. In that event, the requirements of paragraphs 88.d., 88.e., 88.f., and 88.g. of this Consent Judgment before it was amended shall be enforced, with dates adjusted as follows: the Review Protocol (paragraph 88.d.) shall be issued within five months after issuance of the RFP; the defendant shall select the contractor (paragraph 88.e) within seven months after issuance of the RFP; the beta version (paragraph 88.f) shall be ready for testing within fifteen months after issuance of the RFP; and the risk management database shall be operational (paragraph 88.g) within twenty-six months after issuance of the RFP.<sup>30</sup>*
- e. *By May 31, 2004, the DPD shall select the contractor to create the risk management database.*
- f. *By June 30, 2005, the City shall have ready for testing a beta version of the risk management database consisting of: i) server hardware and operating systems installed, configured and integrated with the City and DPD's existing automated systems; ii) necessary database software installed and configured; iii) data structures created, including interfaces to source data; and iv) the information system completed, including historic data. The DOJ and the Monitor shall have the opportunity to participate in testing the beta version using new and historical data and test data created specifically for purposes of checking the risk management database.*

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<sup>30</sup> Amended by Court Orders dated November 9, 2007, and July 22, 2008

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- g. The risk management database shall be operational and fully implemented by December 31, 2005.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

All of the timeframes and dates specified in the original Consent Judgment and later extended by the Court have expired. Currently, DPD files MAS update reports on a monthly basis. These reports document continued progress in the development and implementation of the risk management system. The schedule set by this requirement is recognized as obsolete; and its original intention has been met and is monitored through the monthly MAS reports produced by the Department.

Accordingly, DPD is, again, in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U89***

*Prior to implementation of the new risk management database, the DPD shall develop an interim system to identify patterns of conduct by DPD officers or groups of officers. The interim system shall require periodic reviews of relevant information, but no less than monthly, and evaluations of whether an officer or group of officers is engaging in at-risk behavior. This interim system shall collect and analyze the following information: citizen complaint reports and investigations; use of force investigations; shootings; vehicle chases; injured prisoner investigations; traffic collisions; canisters of chemical spray issued to officers; firearms qualifications; training; prompt judicial review; disciplinary action; arrest without probable cause; all reports regarding investigatory stops and/or frisks unsupported by reasonable suspicion; and all reports regarding interviews, interrogations or conveyances in violation of DPD policy in a format that facilitates entry into the final risk management database, to the fullest extent possible.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

In accordance with the Consent Judgment, DPD developed and used the Interim Management Awareness System (IMAS) that later developed into the current system (MAS). With progress on the current system, the need for IMAS was superseded. Therefore, DPD remains in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance



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***CJ Requirement U90***

*Following the initial implementation of the risk management database, and as experience and the availability of new technology may warrant, the DPD may propose to subtract or modify data tables and fields, modify the list of documents scanned or electronically attached, and subtract or modify standardized reports and queries. The DPD shall submit all such proposals for review and approval by the DOJ before implementation.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

The Department has revised the key documents required for the risk management system. It submitted the revised Data Input Plan, Review Protocol, and Report Protocol to the Department of Justice and the changes were approved as noted in a letter from DOJ dated June 9, 2011. With that, the Department demonstrated compliance. We will continue to monitor the risk management system to ensure that any other significant changes are handled in a manner consistent with this requirement. DPD is currently incorporating descriptions of its data norming process in the relevant policies. These will be reviewed in our next report.

The DPD is in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

**B. Performance Evaluation System*****CJ Requirement U91***

*DPD shall ensure that performance evaluations for all DPD employees below the rank of Deputy Chief occur at least annually and include, but are not limited to, consideration of the following:<sup>31</sup>*

- a. civil rights integrity;*
- b. adherence to law, including performing duties in a manner consistent with the requirements of the Fourth and Fifth Amendments to the Constitution and the Civil Rights laws of the United States; and*
- c. supervisor's performance in identifying and addressing at-risk behavior in subordinates, including their supervision and review of use of force, arrests, care of prisoners, prisoner processing, and performance bearing upon honesty and integrity.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

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<sup>31</sup> Amended by Court Order dated October 4, 2004



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DPD has been in Phase 2 compliance with this paragraph for the past eight reporting periods. To verify continued compliance for the current reporting period, we again examined a random sample of 125 evaluations drawn from all a list of all personnel. Our review verified that more than 94% of reviews were current and properly completed with original narratives, references to “no change in status,” or references to material in MAS. Four evaluations were excluded since they were not completed due to the probationary status of the employees or extended leave. Four evaluations were not accounted for in the final sample.

DPD remains in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

**C. Oversight*****CJ Requirement U92***

*The DPD shall develop a protocol for conducting annual audits to be used by each officer or supervisor charged with conducting audits. The protocol shall establish a regular and fixed schedule to ensure that such audits occur with sufficient frequency and cover all DPD units and commands. The annual audit period for conducting the audits required by paragraphs 93 to 97 for the first year shall end on August 31, 2004. The subsequent annual periods shall end on July 17, 2005, and every year thereafter.*<sup>32</sup>

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

Phase 2 compliance is dependent on compliance with the requirements of U93-97. The audit protocol is in place following revision last July and all audits are scheduled and moving toward completion. They are governed by the most recent protocol revision. Accordingly, the DPD continues in Phase 2 compliance with this requirement.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U93***

*The DPD shall issue a report to the Chief of Police on the result of each audit and examine whether there is consistency throughout the DPD. The DPD shall also provide the reports to each precinct or specialized unit commander. The commander of each precinct and specialized*

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<sup>32</sup> Amended by Court Order dated October 4, 2004

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*unit shall review all audit reports regarding employees under their command and, if appropriate, shall take non-disciplinary corrective action or disciplinary action.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

The DPD is in Phase 2 compliance with this requirement. All audits contain the appropriate sign-offs by unit commanders. We verified the review by the Chief through examination of the summary audit briefing signoffs dated February 27, and 29, 2012. New audits and resulting corrective action reports were completed according to the Audit Protocol schedule. Annual audits are once again scheduled for July completion and will be reviewed in our next report.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U94***

*The DPD shall conduct regularly scheduled annual audits, covering all DPD units and commands that investigate uses of force, prisoner injuries, and allegations of misconduct. The audits shall include reviewing a statistically valid sample of command, IAD, and Homicide Section investigations; evaluating whether the actions of the officer and the subject were captured correctly in the investigative report; and evaluating the preservation and analysis of the evidence and the appropriateness of the investigator's conclusions.*<sup>33</sup>

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

The DPD is in Phase 2 compliance with this requirement. Audits on use of force, prisoner injuries, and allegation of misconduct were completed in January and were followed by corrective action reports. As part of the audit protocol, new audits are scheduled for July 2012 and January 2113.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U95***

*The DPD shall conduct regularly scheduled annual audits covering all precincts and specialized units that review a statistically valid sample of findings of probable cause, stop and frisk reports and witness identification and questioning documentation. The audits shall include evaluating*

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<sup>33</sup> Amended by Court Order dated October 4, 2004

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*the scope, duration, content, and voluntariness, if appropriate, of the police interaction. The audits shall include a comparison of the number of arrests to requests for warrants and a comparison of the number of arrests for which warrants were sought to judicial findings of probable cause.*<sup>34</sup>

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

DPD has been in Phase 2 compliance with this requirement since our second quarterly report. Stop and frisk audits were completed on schedule and corrective action reports were completed. New audits are scheduled for completion on an annual basis. Audits completed in July will be reviewed in our next report.

The Department remains in Phase 2 compliance with this requirement.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U96***

*The DPD shall conduct regularly scheduled annual audits covering all precincts and specialized units that examine custodial detention practices. The audits shall include reviewing the length of detention between arrest and arraignment and the time to adjudicate holds.*<sup>35</sup>

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

The DPD has been in Phase 2 compliance with this requirement since the second reporting period. Custodial detention audits of all relevant facilities were completed on schedule and were reviewed for this report. Corrective action reports were reviewed.

The Department remains in Phase 2 compliance with this requirement.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U97***

*The Chief Investigator of OCI shall designate an individual or entity to conduct regularly scheduled annual audits that examine external complaints and complaint investigations. The*

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<sup>34</sup> Amended by Court Order dated October 4, 2004

<sup>35</sup> Amended by Court Order dated October 4, 2004

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*audit shall include reviewing a statistically valid sample of complaints that were resolved informally, reviewing a sample of OCI investigations of complaints, and contacting the complainants to evaluate whether the actions and views of the complainant were captured correctly in the complaint report and/or investigation. The Chief Investigator shall review all audit reports regarding officers under OCI command and, if appropriate, shall take non-disciplinary corrective action or disciplinary action.*<sup>36</sup>

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

The Department has been in Phase 2 compliance with this requirement since the second reporting period. In the most recent audit cycle, all audits were completed on schedule and corrective action reports and plans were completed based on the audits. A new round of audits is currently underway and will be examined in our next report.

The Department remains in compliance with this requirement.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U98***

*The DPD shall conduct and document periodic random reviews of scout car camera videotapes for training and integrity purposes. In addition, the DPD shall require periodic random surveys of scout car video recording equipment to confirm that it is in proper working order.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

During our most recent site visit, we interviewed the Chief Information Officer (CIO), the MVS Project Manager, and members of their staff. We reviewed videos and records relating to the installation and maintenance of MVS in DPD's fleet of patrol cars.

In previous reports, we have noted that DPD supervisors have performed a large number of random reviews of MVS by simply randomly selecting and viewing an event that has been recorded. We have observed that while such reviews are helpful in confirming that the equipment is operational and that, to some extent, it is being used, a better review technique would be for supervisors to select an event that occurred during the shift that requires video to be recorded and confirm that it was, in fact, recorded. On March 9, 2012, a roll call message specified that the segment reviewed shall be one that reflects officer and citizen contact as indicated on the officer's activity log. This change is a positive step in the supervision of the mobile video program.

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<sup>36</sup> Amended by Court Order dated October 4, 2004

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During the current reporting period, CRIB implemented a trial review process in which it selected three citizen-officer contacts in the Northeastern District and directed commanders to have the appropriate supervisors review the videos for the specific incidents. The three video reviews produced quality results. In one review, the supervisor noted no issues or deviations from policy. But in the second review, the two involved officers were determined to have made several mistakes and deviations from DPD policy. Both officers failed to activate their microphones for the full duration of the event, and both officers were found to have made serious mistakes that adversely affected their safety. In the third review, the supervisor also found several policy violations and safety concerns. The reviews were productive in ensuring that mistakes and departures from policy were identified and addressed. We commend the DPD for the demonstration of a more effective random review.

We sampled three precincts (Sixth, Southwest, and Twelfth) on three different dates (Thursday, April 19; Friday, May 25; and Sunday, June 2, 2012) to determine how many cars with operational video units had actually been deployed and how many had random reviews had been conducted. We found that 162 equipped units were deployed in the three districts on the three days in our survey. A total of 138 video reviews were recorded. This reflects only 85% of the MVS equipped cars. It is current DPD policy to review at least one video for every equipped car deployed on patrol, and this is the first reporting period in which less than 94% has been detected. DPD has discussed altering the policy on random reviews to require a less frequent but more focused review of the sort described above in the CRIB trial; we believe that this would be a positive development. The following chart reflects the results of our survey.

DATE	Sixth			Southwest			Twelfth		
	DEPLOYED	EQUIPPED	VIDEO REVIEWED	DEPLOYED	EQUIPPED	VIDEO REVIEWED	DEPLOYED	EQUIPPED	VIDEO REVIEWED
Thursday, April 19, 2012	13	12	12	33	30	26	23	20	17
Friday, May 25, 2012	16	14	14	24	24	6	16	16	16
Sunday, June 2, 2012	12	11	12	26	26	26	12	9	9
Totals	41	37	38	83	80	58	51	45	42

The Department is in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

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***CJ Requirement U99***

*The DPD shall ensure regular meetings with local prosecutors to identify issues in officer, shift or unit performance.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

DPD has been in Phase 2 compliance with this requirement since the second reporting period. To verify continued compliance with this requirement for this reporting period, we reviewed the minutes of the May 16, 2012 quarterly meeting involving DPD and members of the Prosecutor's Office. A wide range of topics discussed is reported in the meeting minutes including arrestee identifiers, date of arrest vs. date of incident, codis, property room and evidence, use of in-car video, warrant requests, open Internal Affairs cases, and the operation of virtual precincts. The next meeting is scheduled for August 8, 2012.

The Department remains in Phase 2 compliance with this requirement.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

**D. Use of Video Cameras**

***CJ Requirement U100***

*The DPD shall repair or replace all non-functioning video cameras.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

MVS equipment, particularly older units, is subject to breaking down and requiring repair. As a result, the total number of operational units at any one time varies. DPD estimates that it has 303 MVS units operational. The complement of MVS equipment actually installed and operational has remained the same, 303 vehicles, since July 2011.

During our January 2012 site visit, we found that work on the wireless network upgrade had not been completed. The infrastructure work had been completed on five DPD buildings, and new MVS units had been installed in five vehicles that were being tested as prototypes. We were informed that DPD encountered no significant problems that it was not able to resolve, and it expected to install new units in 40 more vehicles to be placed in service.

During our April 2012 site visit, we found that the projected installation work on the wireless system had been completed and was operational throughout the DPD. All MVS systems were uploading much more smoothly. Videos were being transmitted and stored on the server and available on a timelier basis. Two wireless LANs had been implemented; one for the old MVS system and a second for the new equipment that had been procured. The installation of the new

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system had been completed in 50 cars (including five prototypes, five retrofitted cars, and 40 new cars). Since only two microphones per car have been acquired, officers were still required to place the microphones in chargers in their cars and remember to put them on their uniforms as they exited the vehicle. DPD was awaiting City approval of its request to acquire microphones for every officer. During our most recent site visit, we found that the DPD had acquired 625 of the new microphones and was beginning to issue them to the officers.

The wireless system – which had initially performed well – was seriously disrupted when a mechanical control arm on the digital tape back-up system broke and prevented the off-loading of older videos from the main hard disk storage system. When the back-up system became unavailable, the main hard disk storage became overloaded, uploading from patrol cars was disrupted, and the cars' on-board storage filled to capacity. The solution to the problem was to repair the broken control arm and remove and replace the storage chips in the cars that had become overloaded. The repairs and replacements were made and the back-up capacity was increased from 200 terabytes to 400 terabytes. The data on the storage chips that were replaced was downloaded directly into the system.

During the three-month period ending on May 31, 2012, the DPD IT Bureau responded to 238 requests for repair service. Our review found that 225 (95%) of the requests for service were successfully resolved or were actively being resolved.

The Department is in Phase 2 compliance with this requirement.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U101***

*The DPD policy on video cameras shall be revised and augmented to require:*

- a. activation of scout car video cameras at all times the officer is on patrol;*
- b. supervisors to review videotapes of all incidents involving injuries to a prisoner or an officer, uses of force, vehicle pursuits and external complaints; and*
- c. that the DPD retain and preserve videotapes for at least 90 days, or as long as necessary for incidents to be fully investigated.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

During our past site visits, we found:

- a. The DPD MVS cameras are set to operate 100% of the time on patrol. Full video is 24-30 frames per second; MVS units are set to capture one frame of video per second at all non-emergency times. The equipment is set so that whenever the emergency lights are activated, the units switch to full-video mode and capture 28 frames per second.



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- b. While supervisory review of videotapes involving injuries to a prisoner or an officer, uses of force, vehicle pursuits, and external complaints is required, DPD has made strides in providing these data for our review but has not yet been able to provide comprehensive data identifying all such incidents. We have calculated the data that was provided, and it is set forth in the chart below (Use of Force).
- c. DPD preserves and retains videos, as required by U101c.

U101b requires that video be activated for each of the incidents specified and that supervisors conduct a review of the video where one is available. We found the following during our most recent site visit:

- **Pursuits:** DPD was able to produce reports that identified 75 pursuits during the period from March 1, through May 31, 2012. The report is believed by DPD to be comprehensive. Fifty-six of the 75 were determined to have operational MVS systems in their cars. Of these, DPD was able to locate video for 42 (75%) pursuits where the car was equipped with operational video; audios were found for 23 (41%). This is a slight decline from our last review, when we found 79% of videos recorded. Further, we note that while in most other areas where we measure video, audio recording is a critical aspect that must reach >94% for compliance, pursuits are the category where audio is not always critical. We will expect that audio will be collected when, at the end of a pursuit, the officers exit their vehicle; or in situations where it would have been important to collect it.
- **Uses of Force:** DPD provided several lists from which instances of use of force can be derived. During this site visit we reviewed a total of 111 cases for the months of March, April, and May, 2012. When all of the cases that did not contain SIRs were eliminated, there were 91 cases remaining. Of these, there were 72 cases that could be considered for video/audio review; the other 19 had no equipment assigned to the units. Of the 72 cases, 17 cases had video reviews from DPD holding facilities or business/casino cameras, not from the scout cars. This left 55 cases where there should have been scout car video/audio recordings. Twenty-five (45%) of the cases had video/audio recordings.

A second list of uses of force was derived from stop and frisk reports. DPD produced a list of 90 stops in the three-month period from March 1, through May 31, 2012. In 80 cases, cars were not equipped with MVS systems, or the stop occurred beyond the range of the video system, leaving nine cases in our sample. Of these cases, three (33%) contained video. Overall, of 64 instances involving uses of force, 28 (44%) were found to have video.

Activity	# Cases	Tech Fail or # Not Equipped	# Considered	Video & Audio	%
UOF Investigations	111	56	55	25	45%

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Stop & Frisk	90	80	9	3	33%
Total	201	136	64	28	44%

- **Injuries:** DPD was unable to produce a report that identified a comprehensive list of incidents involving injuries to officers or subjects in which MVS should have been recorded.
- **External Complaints:** DPD provided a list of 14 Internal Affairs Division investigations that were reviewed and would have been expected to have video recorded that were closed during the current reporting period. In nine of the 14 cases, video should have been available and was requested. In six of those cases (67%), video and audio were produced and reviewed.

IAD CASES CLOSED				
Month	# Cases	# Video Expected	# Video Received & Reviewed	%
April 2012	6	5	4	80%
May 2012	4	2	2	100%
June 2012	4	2	0	0%
Total	14	9	6	67%

We were not provided data for OCI cases for the period of March 1, through May 31, 2012.

The Department is in Phase 2 compliance with U101a and U101c. It is not in compliance with U101b, and is therefore not in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: Not in Compliance

***CJ Requirement U102***

*The DPD policy on video cameras shall require officers to record all motor vehicle stops, consents to search a vehicle, deployments of a drug-detection canine, or vehicle searches.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

During this reporting period, we selected a random sample of more than 100 traffic stops for each of the three months in the reporting period (March 1, 2012 through May 31, 2012). We have encountered difficulty in the past in obtaining data for the last month of the reporting period. We did not receive the data for May 2012 in time for it to be included in this report. In

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this review and future reviews, we will examine traffic stop data for a three-month period beginning four months before the review.

- **Traffic Stops:** We examined 250 traffic stops selected at random for the period of March 1, 2012, through May 31, 2012. Overall, 208 of the traffic stops involved cars with operational MVS systems. A total of 158 (76%) of these traffic stops contained video, and 91 (58%) contained audio. These results showed mild improvement over the last reporting period, when 73% were found to contain video and 57% audio. The results are depicted on the following chart.

Traffic Stops, March and April 2012						
Month	# Records	# with Operational MVS	# Video	% Video	# Audio	% Audio
March 2012	125	102	64	63%	35	34%
April 2012	125	106	94	89%	56	45%
May 2012	NO DATA					
Totals	250	208	158	76%	91	58%

- **Vehicle Searches and Canine Deployments:** Finally, 11 canine deployments were considered. Eight of these events did not involve cars equipped with MVS systems. Of the remaining three equipped cars, two (67%) contained video and audio.

Activity	# Cases	Tech Fail or # Not Equipped	# Considered	Video & Audio	%
Canine Deployments	11	8	3	2	67%

Despite the progress the Department has made in this area, DPD is not yet in Phase 2 compliance with this requirement.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: Not in Compliance

**E. Discipline**

***CJ Requirement U103***

*The City shall ensure that adequate resources are provided to eliminate the backlog of disciplinary cases and that all disciplinary matters are resolved as soon as reasonably possible.*

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**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

The DPD has been in Phase 2 compliance with this requirement since the second reporting period. For this reporting period, we reviewed all 95 disciplinary cases that were closed during the quarter. There is no backlog of cases and case flow is being managed sufficiently, as noted below. During the current reporting period, a total of 178 new disciplinary cases were opened. This includes a significant number of cases received from OCI as that office has taken steps to deal with its accumulation of cases. We also established that all previously noted resources remain in place to support compliance with this requirement at this time.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U104***

*The DPD shall schedule disciplinary hearings, trials, and appeals at appropriately frequent intervals, to prevent a disciplinary backlog from developing. As part of determining how often to schedule such hearings, the DPD shall establish guidelines dictating the maximum period of time that should elapse between each stage of the disciplinary process.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

The DPD has been in Phase 2 compliance with this requirement since the second reporting period. For this reporting period, we reviewed all 95 disciplinary cases that were closed during the quarter. All disciplinary proceedings met the established timelines and were consistent with this requirement. As of the end of June, there are no cases remaining open that predate 2011. For 2011, a total of 21 cases remained open, down from 92 cases during the last reporting period; and 120 cases were open from this year (2012) at the end of this reporting period. The status of all open cases is tracked by the disciplinary unit and reported quarterly. All open 2011 and 2012 cases reflect appropriate scheduling and steps toward closure.

As noted in our last report, the disciplinary unit began a new process of assessing cases and, when viewed as appropriate, sponsoring the mediation of those cases. That process is continuing and the unit is now also considering implementation of a restorative justice model intended to provide a way of addressing patterns of lower level problematic behavior.

DPD is in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

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***CJ Requirement U105***

*The DPD shall create a disciplinary matrix that:*

- a. establishes a presumptive range of discipline for each type of rule violation;*
- b. increases the presumptive discipline based on both an officer's prior violations of the same rule as well as violations of other rules;*
- c. requires that any departure from the presumptive range of discipline must be justified in writing;*
- d. provides that the DPD shall not take only non-disciplinary corrective action in cases in which the disciplinary matrix calls for the imposition of discipline; and*
- e. Provides that the DPD shall consider whether non-disciplinary corrective action also is appropriate in a case where discipline has been imposed.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

The DPD has been in Phase 2 compliance with this requirement since our second quarterly report. For this reporting period, we reviewed all 95 disciplinary cases that were closed during the quarter. The disciplinary matrix is provided for use at disciplinary trial boards. All decisions this reporting period fell within the matrix and were consistent with this requirement. DPD continues to be in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

¶	Requirements	Phase 1 – Policy	Phase 2 - Implementation
78	Comprehensive Risk Management Plan	In Compliance	In Compliance
79	Improve risk management system	In Compliance	In Compliance
80	Database requirements (a-z)	In Compliance	In Compliance
81	Database to include officer information	In Compliance	In Compliance
82	Data Input Plan (a-d)	In Compliance	In Compliance
83	Report Protocol for database (a-c)	In Compliance	In Compliance
84	Review Protocol for database (a-l)	In Compliance	In Compliance
85	Use modules to ensure work progress	In Compliance	In Compliance
86	Common control number required	In Compliance	In Compliance
87	Data retention	In Compliance	In Compliance
88	Database schedule (expired)	In Compliance	In Compliance

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89	Interim database (rescinded)	In Compliance	In Compliance
90	Change process needs DOJ approval	In Compliance	In Compliance
91	Annual officer review criteria specified	In Compliance	In Compliance
92	Protocol for conducting audits	In Compliance	In Compliance
93	Audit results to Chief and commanders	In Compliance	In Compliance
94	Annual audits-use of force	In Compliance	In Compliance
95	Annual audits-probable cause/stop-and-frisk	In Compliance	In Compliance
96	Annual audits-detention practices	In Compliance	In Compliance
97	Annual audits-external complaints	In Compliance	In Compliance
98	Random reviews of in-car camera videos	In Compliance	In Compliance
99	Regular meeting with local prosecutors	In Compliance	In Compliance
100	Replace/repair video cameras	In Compliance	In Compliance
101	Revision of video camera policy	In Compliance	Not in Compliance
102	Record all vehicle stops, searches, etc.	In Compliance	Not in Compliance
103	Elimination of disciplinary case backlog	In Compliance	In Compliance
104	Scheduling of disciplinary cases	In Compliance	In Compliance
105	Disciplinary matrix of responses/sanctions	In Compliance	In Compliance

**IX. TRAINING**

During our most recent site visit, we visited the Detroit Police Training Center and interviewed the Training Commander and key members of the training staff. The Training Commander who guided DPD Training since we commenced our monitoring of the Judgments was rotated to a Patrol Command position and a new commander was appointed to lead training. We reviewed a variety of memoranda and policy material for use during the 2012-2013 Training Year (July 1, 2012, through June 30, 2013).

DPD continues to make progress in addressing the Consent Judgment training requirements. For the past two years, the Department has achieved compliance with all training-related requirements and, as we have noted in our recent reports, DPD should now take steps to ensure that the changes it has made are institutionalized and accepted throughout the organization.

**A. Oversight and Development*****CJ Requirement U106***

*The DPD shall coordinate and review all use of force and arrest and detention training to ensure quality, consistency and compliance with applicable law and DPD policy. The DPD shall conduct regular subsequent reviews, at least semi-annually, and produce a report of such reviews to the Monitor and the DOJ.*

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**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

The required review was conducted in June 2012, and documented in a DPD report entitled, "Training Oversight and Development Report – Semi-Annual Review, July 2012." This report – the seventh such report to be issued – contained the evaluation of use of force, arrest, and detention training; and covered all elements of this requirement. The report is prepared twice each year, and the next such report will be produced in December 2012.

The DPD remains in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U107***

*The DPD, consistent with Michigan law and the Michigan Law Enforcement Officers Training Council standards, shall:*

- a. ensure the quality of all use of force and arrest and detention training;*
- b. develop use of force and arrest and detention training curricula;*
- c. select and train DPD officer trainers;*
- d. develop, implement, approve and oversee all training and curricula;*
- e. establish procedures for evaluating all training curricula and procedures; and*
- f. conduct regular needs assessments to ensure that training governing use of force and arrest and detention are responsive to the knowledge, skills and abilities of the officers being trained.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

To assess compliance with this requirement for this reporting period, we met with the new Training Director and staff and reviewed training records. DPD training complies with the Michigan Law Enforcement Council's standards and Michigan law. With regard to subparagraphs a-f, during the past year we found as follows:

- a. We reviewed the revised lesson plans that are now being used in the 2012-2013 training cycle. In addition, during our last site visit, we reviewed the two new use of force scenarios that are being deployed; and the report entitled, "Training Oversight and Development Report – Semi-Annual Review," dated July 2012, which documents the DPD's semi-annual review and evaluation of its training. Use of force and detention training are adequate.



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- b. As noted above, we reviewed the lesson plans for the Use of Force and Arrest and Detention training that are being used in the current training year (July 1, 2012, through June 30, 2013), and found them to be adequate for the training required.
- c. DPD selected no new trainers during the second quarter of 2012.
- d/e. As we have observed in past reviews, DPD policy, curricula, and lesson plans address these provisions.

Directive 304.5-3.4 places responsibility on the Commander of Training to conduct a training needs assessment. As noted in our last report, in July and December 2011, the DPD conducted and documented training needs assessments. Senior officers and mid-level managers representing critical areas of the DPD participated in the process. Over the past year, such needs assessments have identified several “performance gaps” that could be addressed through training. DPD has initiated new training and modified in-service training in order to address many of the deficiencies identified in the needs assessments. Using this process, Training determined that DPD supervisors and investigators needed improvement in conducting interviews. A four-hour training block for supervisors and investigators designed to address these weaknesses was implemented in April 2012. We reviewed the Training Needs Assessment that documented the results of the DPD assessment conducted in the second quarter of 2012. The assessment identified two “performance gaps” that could be addressed through training. The gaps were in preservation of crime scenes and in peer intervention. In the latter, Training is implementing a course entitled “Thinking Responsibly” that involves a five-step program that introduces the “Responsibility Process” as a tool to use to educate others to be more effective and create a culture of responsibility. The new course is to be offered first to executives, then to mid-level managers, and then to officers.

The Needs Assessment did not evaluate the impact of the training that was introduced during the past year in order to correct deficiencies that were identified in previous needs assessments. The needs assessment process should not only identify Departmental performance weaknesses, but it should assess the success or failure of training that has been implemented in the past to address significant performance weaknesses.

The Department remains in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U108***

*The DPD shall create and maintain individual training records for all officers, documenting the date and topic of all pre-service and in-service training completed for all training conducted on or after the effective date of this agreement.*

**Comments:**

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The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

DPD captures data relating to its in-service training, and records it on a spreadsheet. Since the spreadsheet is used by the Department to determine if all of its officers have attended the required in-service training sessions, we have conducted audits of its accuracy during the current and past reporting periods. We randomly selected 100 officers who were listed on the spreadsheet as having received and completed in-service training during the period of April 1, through June 30, 2012. In order to complete their in-service training, these officers would have to attend and sign attendance sheets for four courses: Legal; Use of Force; PR-24; and Firearms Qualification. DPD was able to locate all 400 of the expected signatures. In addition, the 19 records on our randomly selected in-service list that were supervisors were all found to have attended the required Leadership and Accountability in-service.

During our previous reviews, we found that the Department committed to recording training data in the MITN System, a part of the Michigan Commission on Law Enforcement Standards (MCOLES) data system. Training has now entered all DPD training records for years 2003 through the present. During this reporting period, we selected at random 100 records relating to Use of Force training, and checked the MITN system to see if they had been recorded. Ninety-nine (99%) were found to have been entered into MITN.

DPD is in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U109***

*The DPD shall ensure that only mandated objectives and approved lesson plans are taught by instructors and that instructors engage students in meaningful dialogue regarding particular scenarios, preferably taken from actual incidents involving DPD officers, with the goal of educating students regarding the legal and tactical issues raised by the scenarios.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

DPD training directives and lesson plans properly direct and instruct on the relevant provisions of the Consent Judgment. During the last reporting period, we found that DPD developed three new scenarios utilizing DPD Internal Affairs incidents, and accepted them for incorporation into the Legal block of training. We reviewed all three and found them acceptable. The Department has 16 scenarios it can employ to support this training. We have reviewed all the lesson plans that were updated for the 2012-2013 Training Year and found them to be adequate.

The Department remains in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

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Phase 2: In Compliance

***CJ Requirement U110***

*The DPD shall meet with the City Law Department on a quarterly basis concerning the conclusion of civil lawsuits alleging officer misconduct, information gleaned from this process shall be distributed to DPD risk management and training staff.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

The DPD met with the City Law Department pursuant to this requirement on June 19, 2012. Meetings are held quarterly. The DPD remains in compliance with U110.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U111***

*The City and the DPD shall distribute and explain this Agreement to all DPD and all relevant City employees. The City and the DPD shall provide initial training on this Agreement to all City and DPD employees whose job responsibilities are affected by this Agreement within 120 days of each provision's implementation. Thereafter, the DPD shall provide training on the policies contained in this Agreement during in-service training.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

Recruits receive this training, which is conducted by CRIB, after they complete their state certification exams and before they graduate from the Academy. The 33 recruits received Consent Decree training in their Basic Training class on April 18, 2012. The four new civilian employees hired during the reporting period received the training from CRIB in two-hour sessions conducted on May 9, 2012.

DPD remains in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

**B. Use of Force Training**

***CJ Requirement U112***

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*The DPD shall provide all DPD recruits, officers, and supervisors with annual training on use of force. Such training shall include and address the following topics:*

- a. The DPD's use of force continuum; proper use of force; decision making; and the DPD's use of force reporting requirements;*
- b. The Fourth Amendment and other constitutional requirements, including recent legal developments;*
- c. Examples of scenarios faced by DPD officers and interactive exercises that illustrate proper use of force decision making, including the use of deadly force;*
- d. The circumstances in which officers may draw, display, or point a firearm, emphasizing:*
  - i. Officers should not draw their firearm unless they reasonably believe there is a threat of serious bodily harm to the officer or another person;*
  - ii. The danger of engaging or pursuing a suspect with a firearm drawn; and*
  - iii. That officers are generally not justified in drawing their firearm when pursuing a subject suspected of committing only a misdemeanor;*
- e. The proper use of all intermediate force weapons;*
- f. Threat assessment, alternative and de-escalation techniques that allow officers to effect arrests without using force and instruction that disengagement, area containment, surveillance, waiting out a subject, summoning reinforcements, calling in specialized units or even letting a subject temporarily evade arrest may be the appropriate response to a situation, even when the use of force would be legally justified;*
- g. Interacting with people with mental illnesses, including instruction by mental health practitioners and an emphasis on de-escalation strategies;*
- h. Factors to consider in initiating or continuing a pursuit;*
- i. The proper duration of a burst of chemical spray, the distance from which it should be applied, and emphasize that officers shall aim chemical spray only at the target's face and upper torso, and*
- j. Consideration of the safety of civilians in the vicinity before engaging in police action.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

During our most recent site visit, we assessed training policy directives, curricula, lesson plans, special orders, training needs assessment and teletypes, among other materials that were prepared to address the requirements of U112 during Training Year 2012-2013 (July 1, 2012, through June 30, 2013). Our review showed that the course content requirements of U112 and all of its subparagraphs were met for all recruits and in-service trainees.

During this review we found that 98%, or more, DPD officers available to train attended and completed the in-service blocks in which the requirements for U112 are fulfilled. The specific numbers that attended and the percentages of officers available to train are listed in the following sections.

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The Department remains in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

**C. Firearms Training**

***CJ Requirement U113***

The DPD shall develop a protocol regarding firearms training that:

- a. Ensures that all officers and supervisors complete the bi-annual firearms training and qualification;*
- b. Incorporates professional night training, stress training (i.e., training in using a firearm after undergoing physical exertion) and proper use of force decision making training in the bi-annual in-service training program, with the goal of adequately preparing officers for real life situations;*
- c. Ensures that firearm instructors critically observe students and provide corrective instruction regarding deficient firearm techniques and failure to utilize safe gun handling procedures at all times; and undergoing physical exertion) and proper use of force decision making training in the bi-annual in-service training program, with the goal of adequately preparing officers for real life situations;*
- d. Incorporates evaluation criteria to determine satisfactory completion of recruit and in-service firearms training, including:*
- e. Maintains finger off trigger unless justified and ready to fire;*
- f. Maintains proper hold of firearm and proper stance; and*
- g. Uses proper use of force decision making.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

The requirements specified in U113 are addressed in the Department's firearms training, which officers are required to attend and qualify in every six months. During the previous six-month firearms qualification period (July 1, through December 31, 2011), 99% of the officers available to train attended firearms and qualified.

On the June 30, 2012, end of the most recent six-month firearms qualification period (January 1, through June 30, 2012), 2,394 (98%) of the 2,454 officers available to train attended firearms and qualified. The officers who did not attend and/or qualify were listed for CRIB for action to remove their weapons and to be placed in a "no gun" status.

DPD is in Phase 2 compliance with this paragraph.

**Compliance Status:**

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Phase 1: In Compliance

Phase 2: In Compliance

**D. Arrest and Police-Citizen Interaction Training**

***CJ Requirement U114***

*The DPD shall provide all DPD recruits, officers and supervisors with annual training on arrests and other police-citizen interaction. Such training shall include and address the following topics:*

- a. The DPD Arrest, Investigatory Stop and Frisk and Witness Identification and Questioning Policies;*
- b. The Fourth Amendment and other constitutional requirements, including:*
- c. Advising officers that the “possibility” that an individual committed a crime does not rise to the level of probable cause;*
- d. Advising officers that the duration and scope of the police-citizen interaction determines whether an arrest occurred, not the officer’s subjective, intent or belief that he or she affected an arrest; and*
- e. Advising officers that every detention is a seizure, every seizure requires reasonable suspicion or probable cause and there is no legally authorized seizure apart from a “Terry stop” and an arrest; and*
- f. Examples of scenarios faced by DPD officers and interactive exercises that illustrate proper police-community interactions, including scenarios which distinguish an investigatory stop from an arrest by the scope and duration of the police interaction; between probable cause, reasonable suspicion and mere speculation; and voluntary consent from mere acquiescence to police authority.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

Use of Force, Search, and Detention training were taught in the eight-hour Use of Force in-service training and, until the current year, in the four-hour Arrest Procedures in-service training. The Arrest Procedures session has been discontinued as a separate course, and is now being addressed in the Use of Force and Legal blocks of instruction. Annual training is provided by DPD in its in-service training program for officers and supervisors. During the last training year (July 1, 2010, through June 30, 2011), the Department trained 99% of its available members in its Use of Force in-service training.

We found that 2,405 (98%) of DPD’s 2,454 officers available to train attended the Use of Force in-service training during the first three quarters of the new training year. In addition, 2,431 (99%) attended the Legal in-service block of instruction. DPD remains in Phase 2 compliance with this paragraph.

**Compliance Status:**

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Phase 1: In Compliance

Phase 2: In Compliance

**E. Custodial Detention Training**

***CJ Requirement U115***

*The DPD shall provide all DPD recruits, officers and supervisors with annual training on custodial detention. Such training shall include DPD policies regarding arrest, arraignment, holds, restrictions, material witness and detention records.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

DPD developed appropriate policies and lesson plans to comply with this provision, as well as a protocol to train all recruits, sworn members, confinement officers, investigators, and supervisors. All officers who attend the Use of Force and Legal in-service training receive the detention training specified by this requirement. Officers who serve in the detention cell areas are required to receive *additional* annual detention officer training, which is more specifically related to detention responsibilities. (See C73.)

During the training year that ended on June 30, 2011, 99% of DPD members attended the Use of Force and Legal in-service training sessions and received this training. As noted in U114, 98% of DPD officers attended the Use of Force training, and 99% attended the Legal training, during the recently concluded training year.

The DPD remains in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U116***

*The DPD shall advise officers that the DPD arraignment policy shall not be delayed because of the assignment of the investigation to a specialized unit, the arrest charge(s), the availability of an investigator, the gathering of additional evidence or obtaining a confession.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

DPD has incorporated these training requirements into its Use of Force lesson plan. During the 2010-2011 training year, the Department trained 99% of its officers in its Use of Force in-service training session. DPD remains in compliance, and has trained 98% of officers available to train during the recently completed 2011-2012 training year that ended on June 30, 2012.

The Department remains in Phase 2 compliance with this paragraph.



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**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U117***

*The DPD shall advise officers that whether an individual is a material witness and whether that material witness should be committed to custody is a judicial determination.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

Material witness training has been incorporated into the Use of Force lesson plan. As noted above (see U115), the DPD trained 99% of its officers in the Use of Force in-service training during the 2010-2011 training year that ended on June 30, 2011; we found that DPD trained 98% of its officers in the 2011-2012 training year that ended on June 30, 2012.

DPD remains in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

**F. Supervisory Training**

***CJ Requirement U118***

*The DPD shall provide supervisors with training in the appropriate evaluation of written reports, including what constitutes a fact based description, the identification of conclusory language not supported by specific facts and catch phrases, or language that so regularly appears in reports that its inclusion requires further explanation by the reporting officer.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

The DPD fulfills Consent Judgment requirements U118-122 through its annual Supervisory Leadership and Accountability in-service training that is required for both supervisors and investigators. During the training year that ended on June 30, 2011, the Department trained 99% of its supervisors in its Supervisory Leadership and Accountability in-service training session.

On June 10, 2011, DPD Training approved a new three-hour block of instruction entitled, "Supervisory Report Writing – SIR Report." This block of instruction is designed to provide procedures for proper documentation for the following situations in which:

- A use of force was employed
- A firearm was drawn and a target acquired

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- An injury to detainee(s) occurred
- Allegations of injuries while in DPD custody were made

The three hours have been incorporated into the Supervisory Leadership and Accountability in-service training. During the training year (July 1, 2011 through June 30, 2012), 511 (98%) of the 519 supervisors who were available to train attended the Leadership and Accountability in-service training.

DPD is in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U119***

*DPD supervisors shall receive leadership and command accountability training and learn techniques designed to promote proper police practices. This training shall be provided to all DPD supervisors within 30 days of assuming supervisory responsibilities and shall be made part of annual in-service training.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

The DPD did not promote any personnel to the supervisor rank during the past reporting period. As noted in U118, during the Training Year that ended on June 30, 2012, the DPD trained 98% of its supervisors and investigators at its annual Supervisory Leadership and Accountability in-service training. DPD remains in Phase 2 compliance with this requirement.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U120***

*The DPD shall provide training on risk assessment and risk management to all DPD supervisors, including the operation of the risk management database.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

The Department's Supervisory Leadership and Accountability in-service training session addresses this requirement. During this reporting period, we found that DPD had provided this training to 98% of its supervisors during the training year that ended on June 30, 2012. The DPD is in Phase 2 compliance with this requirement.

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**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

**G. Investigator Training**

***CJ Requirement U121***

*The DPD shall provide training on appropriate burdens of proof, interview techniques and the factors to consider when evaluating officer, complainant or witness credibility to all officers who conduct investigations to ensure that their recommendations regarding dispositions are unbiased, uniform and legally appropriate.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

The training required by U121 is delivered in the DPD Supervisory and Leadership Accountability in-service training, which is attended by both supervisors and investigators. In the training year that ended on June 30, 2012, the Department trained 98% of its supervisory staff and investigators. The Department is in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement U122***

*The DPD shall provide all supervisors charged with accepting external complaints with appropriate training on handling external complaints that emphasizes interpersonal skills. The DPD shall provide training on the DPD external complaint process, including the role of OCI and IAD in the process, to all new recruits and as part of annual in-service training.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

The training required by U122 is delivered in the DPD Supervisory and Leadership Accountability in-service training, which is attended by both supervisors and investigators. In the training year that ended on June 30, 2012, the Department trained 98% of its supervisory staff.

The Department is in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

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## **H. Field Training**

### ***CJ Requirement U123***

*The DPD shall develop, subject to DOJ approval, a protocol to enhance the FTO program within 120 days of the effective date of this Agreement. The protocol shall address the criteria and method for selecting and removing the FTOs and for training and evaluating FTOs and trainees.*

#### **Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix A.

The DPD conducted a training class for its Field Training Officers in April 2011, in which it trained three new FTOs and recertified another. The Department has not conducted a certification or recertification class since April 2011. DPD currently has 118 FTOs assigned throughout the Department.

As we noted during our previous on-site review, 33 probationary officers graduated on April 13, 2012, and entered the FTO Program. These officers remain in the FTO Program for one year from the date of their graduation from the Police Academy, or 18 months from their date of hire, whichever is shorter. Since the DPD has 118 FTOs, additional FTOs are not needed at this time. DPD is in Phase 2 compliance with this requirement.

#### **Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

¶	Requirements	Phase 1 - Policy	Phase 2 - Implementation
106	Coordination and review of training	In Compliance	In Compliance
107	DPD will meet state training standards	In Compliance	In Compliance
108	Maintain individual training records	In Compliance	In Compliance
109	Train from approved objectives and plans	In Compliance	In Compliance
110	Quarterly meetings with Law Department	In Compliance	In Compliance
111	Distribute and training on the agreement	In Compliance	In Compliance
112	Annual use of force training required	In Compliance	In Compliance
113	Develop firearms training protocol	In Compliance	In Compliance
114	Annual arrest, citizen interaction training	In Compliance	In Compliance
115	Annual training on custodial detention	In Compliance	In Compliance
116	Prohibition of arraignment delays	In Compliance	In Compliance
117	Material witness custody	In Compliance	In Compliance

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118	Supervisory training-report evaluation	In Compliance	In Compliance
119	Supervisory training-leadership	In Compliance	In Compliance
120	Supervisory training-risk management	In Compliance	In Compliance
121	Investigator training-procedures	In Compliance	In Compliance
122	Supervisory training-external complaints	In Compliance	In Compliance
123	Enhance the FTO program	In Compliance	In Compliance

**SECTION THREE:****COMPLIANCE ASSESSMENTS - THE CONDITIONS OF  
CONFINEMENT CONSENT JUDGMENT**

This Consent Judgment sets forth procedural and operational requirements relating to the confinement facilities maintained and operated by the Detroit Police Department. The Judgment requires the revision and implementation of policies and practices that are safe, respectful, and constitutional in the areas of fire safety, emergency preparedness, medical and mental health, prisoner safety, environmental health and safety, persons with disabilities, food service, and personal hygiene. In addition, the Judgment sets forth requirements relating to the use of force in detention facilities, as well as procedures for the investigation of the use of force and complaints relating to other events occurring in these facilities. The Judgment also establishes requirements for management and supervision, the auditing of internal practices, and the training of personnel who are assigned detention responsibilities.

During our first site visit in November 2009, we reviewed required directives, supporting logs, forms, and documentation relating to the operation of the detention facilities. Accompanied by key members of the DPD Office of Civil Rights personnel, we conducted our first tour of the Detroit Police Department's five facilities with holding cells and the Detroit Receiving Hospital.<sup>37</sup> We have repeated our tours and inspections of some or all of these facilities during each of our subsequent site visits, and have interacted with command and key detention staff at each facility.

In addition, we have met with key CRIB command staff, Audit Team personnel, and the designated health care professional to conduct a thorough review of all requirements, DPD directives, forms, logs, and documentation relating to and required by this Judgment. Our review disclosed the need for the DPD to revise various health-related directives and to have them reviewed and approved by a health care professional. This was accomplished. In addition, we met with DPD Training staff regarding training issues, which were promptly addressed.

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<sup>37</sup> Facilities with holding cells are located in the Northeastern, Eastern, and Southwestern Districts; Sixth and Twelfth Precincts.

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During our visits to and inspections of the various facilities with holding cells, we are always accompanied by CRIB staff, and assisted by the cell block supervisors and compliance officers. These inspections included our entering and examining every holding cell, interviewing detention staff, and reviewing forms and logs. When we find errors, omissions or violations during the inspections we advise facility and CRIB staff immediately of our observations.

We have worked with DPD holding facilities staff to streamline reporting mechanisms and to offer alternatives to ensure that requirements are met and are consistent with policy.

We have been advised by CRIB that in the near future the duties of the cell block supervisor (CBS) and the desk supervisor will be merged into one position. Since the implementation of the virtual precinct concept earlier in 2012, citizens can report many more crimes by telephone rather than requiring that officers either respond to the scene or citizens travel to a District or Precinct. The virtual precinct reduced the number of police reports that the desk supervisor previously had to review thus freeing the position up for other responsibilities. We will monitor this change during our next report period.

Prior to forwarding documents requested for our quarterly reviews, CRIB personnel routinely review the documents before they are forwarded to us. During this review, CRIB typically identifies errors and/or omissions and forward corrective action notices to the various commands. Written responses are required. If appropriate supervisory review occurred and errors/omissions were initially identified and corrected at the District/Precinct level, that action would have a positive bearing on compliance.

The Conditions of Confinement Consent Judgment is comprised of several different categories relating to the confinement facilities maintained and operated by DPD.

### III. FIRE SAFETY POLICIES

#### ***CJ Requirement C14***

*The DPD shall ensure that all holding cells, and buildings that contain them, achieve and maintain compliance with the Life Safety Code within one year of the effective date of this Agreement. The City shall ensure that the Detroit Fire Marshal conducts regular and periodic inspections to evaluate whether the conditions in DPD holding cells, and buildings that contain them, are in compliance with the Life Safety Code.*

#### **Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

The Fire Marshal Division of the Detroit Fire Department conducted its annual review and approved the Fire Safety Program (FSP) and the Comprehensive Emergency Preparedness Program (CEPP) for all DPD buildings containing holding cells on June 7, 2012. The next semi-annual inspection is due to be completed on July 31, 2012; and will be reported upon in our next quarterly report.

The next Fire Marshal's inspection is due in May 2013.

Accordingly, DPD remains in Phase 2 compliance with this paragraph.

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**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement C15***

*The DPD shall develop and implement a comprehensive fire detection, suppression and evacuation program for the holding cells, and buildings that contain them, in accordance with the requirements of the Life Safety Code and in consultation with the Detroit Fire Department.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

The DPD has been in Phase 2 compliance with this paragraph since the second reporting period.

During this reporting period, we reviewed DPD 716, Fire Extinguisher Monthly Inspection/Inventory, and DPD 703, Fire Drill Documentation Forms, for all of the districts/precincts with holding cells; and determined that all facilities are in compliance with these requirements. We also examined a sample of the fire extinguishers at each holding facility, and found them all to be fully charged.

The DPD remains in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement C16***

*The fire safety program shall be developed in consultation with, and receive written approval by, the Detroit Fire Department. As part of developing the fire safety program, the Detroit Fire Department shall evaluate the need for and, if necessary, the DPD shall install: fire-rated separations, smoke detection systems, smoke control systems, sprinkler systems and/or emergency exits for the holding cells and buildings that contain them. The fire safety program shall be submitted for review and approval of the DOJ within three months of the effective date of the Agreement.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

Following the development of the Fire Safety Plan, the DPD made required structural changes to districts/precincts' holding facilities, including the updating and/or installation of sprinkler systems, fire alarm systems, and fire-rated doors. During our inspection of the district/precinct holding cells, we found the presence of all three.

The DPD remains in Phase 2 compliance with this paragraph.



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**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement C17***

*The DPD shall implement the fire safety program within one year of the effective date of this Agreement. Thereafter, the program shall be reviewed and approved in writing by the Detroit Fire Department at least every year, or prior to any revisions to the plan.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

The DPD has developed and implemented the required Fire Safety Plan.

During our most recent site visits to each district/precinct that maintains holding cells, we found documentation of the Fire Marshal's inspections. The most recent inspections were conducted and documented on June 7, 2012. The next Fire Marshal's inspection is due in May 2013. DPD remains in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement C18***

*The DPD shall take immediate interim fire safety measures in all buildings that contain holding cells. At a minimum, these interim measures shall:*

- a. Ensure that the activation of any individual smoke alarm sounds an alarm throughout the building;*
- b. ensure that prisoners in holding cells have an adequate means of reporting emergency conditions to DPD staff immediately;*
- c. ensure that automated back-up power systems exist for all buildings containing holding cells that are capable of providing immediate power for emergency lighting, exit signs, fire alarm and smoke detection systems in the event of an electrical power failure through batteries or an emergency generator; and*
- d. reduce the likely spread of smoke and fire throughout the buildings by means of stairwells, garages, hazardous rooms and exposed pipes, such as ensuring that fire doors in stairwells are closed.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

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The DPD has been in full Phase 2 compliance with this paragraph since the first reporting period.

As previously noted, we visited each district/precinct that maintains holding cells, and determined that the DPD has made the required structural, electronic, and mechanical upgrades within the facilities. We also noted that Fire Systems of Michigan and the Fire Marshal conducted and documented inspections of suppression systems on June 7, 2012. DPD remains in Phase 2 compliance with the requirements of this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement C19***

*The DPD shall ensure that fire safety equipment is routinely tested, inspected and maintained, including the sprinkler systems, fire alarm systems, manual fire extinguishers, emergency lighting and exit signs, and self-contained breathing apparatuses.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

The DPD has been in Phase 2 compliance with this paragraph since the second reporting period.

The Fire Safety Plan places responsibility for ensuring the required testing, inspections, and maintenance of the various systems, fire extinguishers, emergency lighting and signs, and equipment with the DPD Office of Facilities Management.

Fire Systems of Michigan and the Fire Marshal conduct the required inspections, which were last conducted in June 2012.

Because sprinkler heads are often broken by detainees in the holding cells – requiring the shutdown of the water delivery system – the DPD added language to the CEPP/FSP, under the auspices of the Fire Marshal, requiring that the detention staff perform visual fire inspections as an alternative when the fire detection system is disabled or not functioning.

DPD remains in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement C20***

*The DPD shall enforce immediately its no-smoking policy in the holding cells or provide ashtrays and ensure that all holding cell areas are constructed and supplied with fire-rated materials.*

**Comments:**

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The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

The DPD has been in Phase 2 compliance with this paragraph since the first reporting period. During our most recent inspection, we did not find any persons smoking in unauthorized areas. Also, during our review of all of the monthly inspections on DPD 715 - Evaluation of the Operation of Holding Cells, we found no documentation that any smoking had been observed in the facilities.

DPD is in continued Phase 2 compliance with this Consent Judgment paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement C21***

*The DPD shall insure immediately that all flammable and combustible liquids in holding cell areas and the attached and nearby DPD buildings are stored properly.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

Our inspection of the holding facilities found that each district/precinct was equipped with at least one yellow storage cabinet, located in the garage area, for flammable and combustible liquids. We checked the cabinets, and found flammable materials and gas storage containers.

DPD is in continued Phase 2 compliance with this Consent Judgment paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement C22***

*The DPD shall remove immediately all highly-combustible kane fiber ceiling tiles from buildings that contain holding cells.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

The DPD has been in continued compliance with this Consent Judgment paragraph since 2005 when it closed some of the facilities where kane fiber ceiling tiles were in place, and it removed the tiles from the remaining facilities.

DPD is in continued Phase 2 compliance with this Consent Judgment paragraph.

**Compliance Status:**

Phase 1: In Compliance

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**Phase 2: In Compliance**

¶	Requirements	Phase 1 – Policy	Phase 2 – Implementation
14	Holding Cell Life Safety Code compliance	In Compliance	In Compliance
15	Fire detection, suppression, and evacuation	In Compliance	In Compliance
16	Fire Department consultation/evaluation	In Compliance	In Compliance
17	Implementation of fire safety program	In Compliance	In Compliance
18	Immediate interim fire safety measures	In Compliance	In Compliance
19	Routine testing of fire safety equipment	In Compliance	In Compliance
20	Enforce no smoking in holding cells	In Compliance	In Compliance
21	Proper storage of flammable liquids	In Compliance	In Compliance
22	Remove combustible cane fiber tiles	In Compliance	In Compliance

**IV. EMERGENCY PREPAREDNESS POLICIES**

***CJ Requirement C23***

*The DPD shall ensure a reasonable level of safety and security of all staff and prisoners in the event of a fire or other emergency.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

As noted previously, Phase 2 compliance is related to and contingent upon the implementation of C24-25; DPD is now in compliance with C25. Accordingly, we now find this paragraph in compliance.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement C24***

*The DPD shall develop a comprehensive emergency preparedness program that is approved in writing by the Detroit Fire Department. This program shall be submitted for review and approval of the DOJ within three months of the effective date of this Agreement. The DPD shall implement the programs within three months of DOJ's review and approval. Thereafter, the program shall be reviewed and approved in writing by the Detroit Fire Department at least every year, or prior to any revisions to the plan. At a minimum, the emergency preparedness program shall:*

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- a. *include an emergency response plan for each building that contains holding cells identifying staff responsibilities in the event of fire-related emergencies and other emergencies, including notification responsibilities, evacuation procedures and key control procedures (discussed below); and*
- b. *require performance and documentation of fire drills for all buildings containing holding cells on all shifts every six months (documentation shall include the start and stop times of each drill, the staff members who participated in the drill, a summary of the drill, and an evaluation of the success of the drill).*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

The CEPP identifies staff responsibilities in the event of a fire emergency to include notifications, evacuation, and key control procedures. (See C15.)

The DPD achieved full compliance in the second and subsequent reporting periods as it increased the frequency of fire drills to the 100% level required by policy. During this reporting period, we determined that the fire drills were again conducted according to policy at the 100% level.

Following our recommendations that the detention evacuation equipment be stored in the immediate vicinity of the holding cells so that it is readily accessible to officers, we found, during the last reporting period, that the shackles were fully accounted for and placed individually in crates, allowing for easy access. During our most recent inspection, we found that the shackles were easily accessible. We determined that the detention officers had sufficient handcuffs and/or shackles for use in the event of an evacuation, and that all of the detention officers that we interviewed were aware of DPD policy to retain the assigned holding cell keys on their persons.

The DPD is in continued Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

**CJ Requirement C25**

*The DPD shall develop and implement key control policies and procedures that will ensure that all staff is able to manually unlock all holding cell doors in the event of a fire or other emergency. At a minimum, the key control policies and procedures shall:*

- a. *provide for emergency identification of keys by touch;*
- b. *and require routine inventory, testing and maintenance of keys and locks.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

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During our first site visit, we recommended that each officer working in a cell block be issued a complete set of keys. Following this recommendation, we were informed that two extra sets of keys were distributed to each district/precinct with holding cells, bringing the total at each to five – three in the cell block, one with the sergeant assigned to the public lobby, and one in the emergency key box in the lieutenants’ and sergeants’ office.

During our two previous inspections, we found that each district/precinct had, at the minimum, five sets of keys – three in the cell block, one with the sergeant assigned to the public lobby, and one in the emergency key box in the lieutenants’ and sergeants’ office. Teletype #11-0989, Holding Cell Facility Keys – Required Documentation, regarding inventory and assignment of keys by the cellblock supervisor, had been distributed. This policy directed the cellblock supervisor to conduct an inventory of the keys at the commencement and the conclusion of his/her tour of duty and document same in the MAS Desk Blotter.

During a previous site visit, we found that CRIB had distributed Department Teletype #11-01395, which thoroughly explained the procedure for documenting the inventory and security of keys. When interviewed, the detention supervisors and officers appeared to have an understanding of their responsibility for key control. However, another set of keys was lost in December 2011. This required lock changes for all exterior doors at the precinct.

During our most recent site visit, we determined that the supervisors and officers that we interviewed appeared to understand the process for inventory and control of the keys. The MAS Desk Blotter indicated that key inventories were entered in a timely manner. In reviewing a random sample of key control inventories, we found that a set of keys had been taken home by one of the detention officers. This was discovered and properly documented, and the officer returned the keys to the district within the hour.

DPD is now in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

¶	Requirements	Phase 1 – Policy	Phase 2 – Implementation
23	Ensure reasonable safety in emergency	In Compliance	In Compliance
24	Develop comprehensive emergency preparedness program	In Compliance	In Compliance
25	Implementation of key control policies	In Compliance	In Compliance

**V. MEDICAL AND MENTAL HEALTH CARE POLICIES**

***CJ Requirement C26***

*The DPD shall ensure the appropriate identification of, and response to, prisoner’s medical and/or mental health conditions.*

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**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

During previous reporting periods, we found DPD not in Phase 2 compliance with this paragraph.

During the previous reporting period, we reviewed DPD's Audit Team's report of its findings of the Holding Cells released on July 31, 2011. We noted at that time that progress had been made to address the deficiencies described in the report.

Our inspections and review of the quarterly detainee file folders demonstrated progress in most areas; however, documentation of detainee medical information and release of medication continue to be problematic. There still exist a few issues and deficiencies in this area, including not properly completing the Detainee Intake Form, DPD 651, by not including the typed name of the arresting and transporting officers or transferring medical information acquired from the arresting or transporting officers. We have found in a few instances where the processing officer writes this information on the form by hand after the fact, and it is therefore not entered into the database. While clerical errors have been reduced, they still exist.

During our most recent site visit, while reviewing active detainee file folders, we noticed that one of the detainees had requested to go to DRH 24 hours earlier (Medical Referral Log) and had not yet been sent. We returned the next day and examined the same detainee file folder; and noticed that after 48 hours, the detainee had not yet received medical attention. Personnel advised us that the detainee had changed his mind and no longer wished to go for treatment. The Medical Referral Form did not contain any information indicating the detainee's change of mind. It is imperative that personnel document such occurrences on the proper form.

Medical referrals and the thoroughness of medication logs have also sustained improvement during this and the three previous reporting periods, and the documentation of the exchange of health information between shifts has been in compliance for some time. In previous reviews, holding cell personnel did not adequately list the medical needs of the detainees on the Platoon Daily Detail Summary (PDDSL) and the shift preparing or receiving the log failed to place the date or the time on the form. DPD has rectified this problem, and those forms are now complete, with the exception of completing the new medications portion of the form that was recently added. While some facilities are completing this form correctly, others are having difficulty.

During the current reporting period, we reviewed and inspected a random sample of 221 detainee file folders and observed personnel. We found that a few personnel are still not properly implementing these procedures in accordance with the DPD directives. We continue to note a few clerical errors and incomplete or missing documentation of medical referral and medication logs.

In order to assess compliance with this paragraph we reviewed those issues that had a direct impact on identification and response to a detainee's medical or mental health conditions. We found 16 instances where the detainee processing time did not meet the requirement, no release of medication was indicated, no transfer of medical/mental health information transferred to the Detainee Information Form, failing to provide the discharge instructions or the conveying officer failing to indicate their name or the date/time of the conveyance back to the holding facility from DRH.



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We were inside one of the holding facilities reviewing active detainee file folders when we discovered a Medical Referral Form where a detainee had just returned from DRH. It lacked the date and time of the transport officer back to the facility. We showed the transporting officer the error, and he claimed that he did not know that he was required to complete that information. There was another instance where the conveying officer transporting to DRH from the holding facility failed to list the time of the transport, so we do not know if it was timely.

The three critical issues for DPD to address at this time for compliance purposes with the Medical and Mental Health Care Policies (C26-33) are: sanitary conditions of the holding facilities and documenting cleaning procedures; the capture of the medical/mental health information initially obtained by the arresting officers being entered properly (typed) into Livescan; and ensuring that remaining medications at the time of detainee release are either given to them or transferred with them to another facility. At this point, DPD needs to fill out the required forms completely to be in compliance with this paragraph. Compliance with this paragraph is dependent upon compliance with C27-C33.

DPD's status for this paragraph is deferred until compliance with C27-C33 is obtained.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: Deferred

***CJ Requirement C27***

*The DPD shall develop a comprehensive medical and mental health screening program (CMMHSP) that shall be approved in writing by qualified medical and mental health professionals. This program shall be submitted for review and approval of the DOJ within three months of the effective date of this Agreement. The DPD shall implement the program within three months of DOJ's review and approval. Thereafter, the program shall be reviewed and approved by qualified medical and mental health professionals at least every year and prior to any revisions to the programs. At a minimum, the comprehensive medical and mental health screening program shall include prisoner screening procedures and medical protocols.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

During our most recent site visit, the DPD Health Authority completed the review and approved the CMMHSP policies and directives. The DPD provided us with documentation indicating that the CMMHSP was approved on February 17, 2012, and the mental health portion was approved on February 29, 2012. DPD remains in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

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***CJ Requirement C28***

*The prisoner screening procedure, at a minimum, shall:*

- a. enable the DPD to identify individuals with medical or mental health conditions, including infectious diseases, chronic conditions, including disabilities, ambulatory impairments, mental health conditions, and drug/alcohol withdrawal;*
- b. identify persons who are at risk of committing suicide, persons who have been on heightened observation for suicide risk at any time during a past incarceration and persons who have any medical contraindications for the use of chemical sprays,*
- c. require that the DPD follow a standard intake procedure for each individual entering DPD custody;*
- d. require that intake screening be conducted within two hours of intake and through a verbal exchange between the DPD and prisoners; and*
- e. incorporate all health information pertaining to a prisoner acquired by the arresting or transporting officers.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

During previous reporting periods, we found DPD not in Phase 2 compliance with this requirement. We observed deficiencies, including clerical errors and incomplete or incorrect completion of required forms. Occasionally an arrestee is taken directly to DRH from the scene, and the two-hour screening mandate from time of arrest to processing does not meet the requirement. DPD processes detainees for Wayne State University Police, Detroit Public Schools Police, and the Michigan State Police. We have noted that many times DPD is late processing these detainees, due to the other agencies not presenting them to the holding facilities until the two hours from the time of arrest has passed. Any instance in which a detainee is screened more than two hours from the time of the arrest the processing officer should so indicate the reason on the face sheet of the DIF. In every case except one, staff had transported to DRH detainees needing medical attention within a reasonable time of the request.

During our most recent site visit, we discovered a detainee who had active TB and was transported to a holding facility when she should have been conveyed directly to DRH. We reported this situation to CRIB.

There were 18 instances where the intake screening took more than two hours; however, in eight of these cases, the arrestee was transported to DRH or another hospital directly from the scene. The staff did not follow DPD policy in the remaining nine cases. In one case, the processing officer indicated a backup of detainees to be processed as the cause for the delay; in two cases, the arrest was made by Wayne State University Police; one detainee refused processing, and in five cases, the processing was late and the reason for this was not documented. CRIB issued Corrective Action Notices for several of the violations. Many of these issues would be resolved if personnel would complete all the information the forms require and the OIC approving the form investigate those in violation of the two-hour requirement at the conclusion of the detainee

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processing and address those issues immediately. Compliance for processing detainees within the two-hour requirement is 98%.

The Medical/Mental High Risk Logs (DPD 661) for this reporting period revealed that high-risk detainees were observed by staff and were compliant. We reviewed five DPD 661 Forms for detainees who were maintained on suicide watches and all of them properly specified "constant supervision." Four of the forms met the requirements for constant supervision as required by DPD policy. In one district, the detainee was placed on constant observation with the reason for the watch "prior suicide attempt," without indicating when the previous attempt occurred. The policy change indicated below clarifies why this information is critical. With the exception of the one case, all facilities met or exceeded the required >94%.

There had been confusion among DPD personnel as to how to classify detainees who have had previous ideations of suicide or suicide attempts. DPD policy 305.1-3.9, Detoxification/Safety Cell, indicates that a detoxification/safety cell is an observation cell temporarily used to detain chemically impaired persons or a person who may be a suicide risk (constant observation). As the policy was previously written, any previous suicide attempt required constant supervision. This policy was revised and renumbered (now 305.1-3.14) on February 29, 2012 to provide more clarity to DPD personnel; it also eliminates the conflict that previously existed on page 3 of the Detainee Information Form: "If only #10 is marked yes and suicide attempt is over one year ago, monitor (15 minute). If attempt is less than one year ago, place detainee on constant supervision."

In some cases, medical professionals at DRH may recommend placing a detainee on constant watch or remove them from the watch. In these cases, DPD personnel need to indicate these changes in the comment section of the High Risk Log or on the form when they have returned to the holding facility. There were five detainees placed on constant watch in the sample for this reporting period, and all were in compliance, which indicates that DPD has addressed the above-noted problems. This is the third consecutive reporting period in which we have found DPD in compliance with C28b.

During this reporting period, we continued to find some of the problems we observed in the past. These deficiencies included missing or incorrect dates/times on forms and logs; forms and logs not filled out completely and handwritten documentation that was not entered in LiveScan. We have continued to recommend to CRIB that it develops and implements a process so that when a detainee's medical or mental health status changes, detention staff update the documents accordingly. Once detainee information is initially entered into LiveScan, the system does not allow additional information to be updated electronically; in the few cases where updating is required after the initial processing, the processing officer may enter the information in by hand so that subsequent shifts will be aware of any new medical information discovered.

Overall, we found that DPD had a 96% compliance rate with this paragraph due to the compliance of C28e (C28a, b, and c had previously been in compliance). There were 56 instances where the Detainee Input Sheet indicated that the arresting or transporting officer listed a mental or medical issue with the detainee. In 54 cases, the processing officers in the facilities transferred this information to the Detainee Information Form; and in two cases, the processing officers failed to transfer the medical/mental information as required by policy. In three of the cases, the processing officer listed the medical/mental information from the Detainee

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Information Sheet to the Detainee Information Form by hand. CRIB has advised that there has been an ongoing technological issue with capturing information from the Detainee Information Sheet into the database. CRIB also advised that it is exploring a hard-copy report that would help to resolve these issues. On November 11, 2011, DPD issued an Administrative Message (Teletype #11-1392) that advised commands for all detainee registrations to use the revised Detainee Input Sheet, effective December 1, 2011. DPD's compliance rate for the quarter is 96%.

DPD is not in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement C29***

*The medical protocols, at a minimum, shall:*

- a. identify the specific actions the DPD shall take in response to the medical information acquired during prisoner screening or detention, including the need for emergency care, hospitalization, prescription medication and/or intensive monitoring; and*
- b. require prior supervisory review and written approval, absent exigent circumstances, of all decisions made in response to acquired medical information.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

The DPD was not in Phase 2 compliance with this paragraph in previous reporting periods.

During this reporting period, we reviewed a sample of 171 detainee file folders, and inspected each of the districts/precincts that maintain holding cells and the Detroit Receiving Hospital. We continue to find that staff did not follow policy in several key areas, including:

- There were 64 referrals of detainees in need of medical or mental health care to the Detroit Receiving Hospital, and all except one were within policy.
- There were 5 cases in which intake screenings were not conducted within the two-hour timeframe.
- Detainees not receiving medications prescribed by the Detroit Receiving Hospital in a timely manner. Forty-four detainees had medications disbursed; and in six instances, the dosages were not administered according to schedule. DPD administered several hundred dosages to detainees during this quarter with Corrective Action Notices prepared for the two that were not in compliance.
- There were 56 instances where detainee medical information was listed by the arresting officer on the Detainee Input Sheet and in two cases the processing officer did not transfer that information to the Detainee Information Form. In three cases, the processing

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officer, by hand, wrote in the medical information, therefore, the health information was not being entered in Livescan.

- There were 64 detainees who went to the Detroit Receiving Hospital; all but three discharge instructions were included in the detainee file folders.
- Written prior supervisory approval was issued for all decisions made in response to acquired medical information.

Overall, we found that 97% were in compliance with this paragraph – a slight increase from the 96% we found during the last reporting period. DPD is in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement C30***

*The DPD shall develop and implement policy regarding infectious disease control (IDC) in consultation with medical health professionals. The policy shall be reviewed and approved in writing by qualified medical health professionals at least every year after implementation and prior to any revisions to the policy. At a minimum, the policy shall:*

- a. establish appropriate housing for prisoners believed to have infectious diseases; and*
- b. mandate measures the DPD shall take to prevent the spread of infectious diseases, including proper handling and disposal of bio-hazardous material.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

During our previous site visits, our inspections of the Detroit Receiving Hospital and the five DPD facilities that maintain holding cells disclosed satisfactory levels of sanitation in similar degrees at all of the sites with a trend toward improvement. In our most recent site visit, we found all facilities once again compliant, with the exception of documenting the cleaning and sanitation practices.

We found, in prior visits, that some of the facilities maintained adequate sanitary conditions in the cell areas, and others needed to take additional measures to ensure proper sanitation. During our most recent site visit, we inspected all districts/precincts with holding cells and the DRH; and found that the cell and processing areas were satisfactory. While in one of the facilities we discovered a female detainee with active TB who was transported to a holding facility when she should have been conveyed directly to the Detroit Receiving Hospital or some other facility that handles contagious diseases. Our findings were reported to CRIB staff.

We found that the Personal Protective Equipment (PPE) kits were in order and included an adequate supply of the required contents. Our inspection of the first aid kits found that the contents were satisfactory, as we have observed improvement by the detention staff in this area.

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We continue to recommend that detention staff open the first aid kits on a regular basis to verify that the contents have not expired.

An effective infectious disease control plan must account for the sanitation and maintenance of all plumbing and equipment; physical plant cleanliness; and documentation that a plan to maintain the physical plant is being implemented in the holding cell areas and holding cells. The DPD Infectious Disease Policy 403.2, Section 403.2-6.3, Statements 1-6, Department Equipment, vehicle or facility, affirms the importance of building maintenance and cleaning and decontamination of the facility.

DPD is in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement C31***

*The DPD shall develop and implement a protocol for updating and exchanging prisoner health information. At a minimum, this protocol shall;*

- a. require that prisoner's health information is recorded at intake and thereafter immediately readily available to all relevant medical and transporting personnel in a manner consistent with the relevant federal and state confidentiality statutes;*
- b. require that prisoner health information is continually updated to incorporate any additional relevant information acquired during his or her detention;*
- c. require that relevant prisoner health information is documented and communicated between consecutive shifts, such as whether a prisoner is taking medication or has a medical condition; and*
- d. require that prisoner health information travel with prisoners who transferred to another facility.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

During previous reporting periods, our reviews of DPD form 661, Detainee Medical/Mental Health Monitoring and form 659a, Platoon Daily Detainee Summary Form; indicated that required detainee health information – such as whether a detainee is taking medication or has a medical condition – was not always being documented and communicated between consecutive shifts. Issues remain with staff properly documenting medications on the new reporting form.

As noted above our reviews of these documents is important to ensure that the detainees' health needs are met, and for the purposes of staff safety. This information must be documented, updated, and communicated between the initial shift receiving the detainee and the subsequent shifts until the detainee is released. It is critical for the oncoming shift to indicate the date and



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time they receive the Platoon Daily Detainee Summary and to acknowledge its accuracy to assure the continuity of health monitoring for detainees requiring it.

We reviewed DPD log 659a, Platoon Daily Detainee Summary, in the five districts/precincts that maintain holding cells; and found fewer errors than in our previous reports. Of the errors we found, the most prevalent is the failure of DPD personnel to mark the prescribed meds column and the Medicine Cabinet checkbox on the form. It should be noted that form DPD 659a was amended during the ninth reporting period to indicate for each detainee whether medications are prescribed. It is apparent from our observations that staff is not, in some cases, completing this section of the form and supervisory personnel are not catching the omissions. DPD's ability to capture information and list the medical/mental needs of the detainee on the form is exceptional in almost every case. DPD is in compliance for C31a, b, and d. (See C36). The Second Precinct (formerly Southwestern District), Northeastern District, and the Sixth Precinct's logs were exceptional. The overall compliance rate (C31c) for all holding cell facilities is 94%, a decrease from the previous 96%.

We reviewed copies of DPD Form 661 that required a 15-minute watch. The entries were made in a timely fashion with few exceptions. We attribute this improvement in part to the revised and combined DPD form 661/661a; DPD needs to continue to ensure that its detention personnel complete the forms correctly. All facilities except the Eastern District met or exceeded the compliance standard. The integrity of the Medical/Mental Health Monitoring Logs (DPD 661) in the Eastern District is disturbing, as severe issues regarding health and safety issues of detainees emerged. There were serious issues involving overlap of monitoring times between shifts, and two of the staff monitoring the same detainee at the same time listing different activities at the time by the detainee – e.g., one officer listed the detainee awake, while the other listed the detainee to be asleep).

DPD remains in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement C32***

*The DPD shall develop a prescription medication policy in consultation with qualified medical and mental health professionals that ensures prisoners are provided prescription medication as directed. The policy shall be approved in writing by qualified medical and mental health professionals and shall be submitted for review and approval of the DOJ within three months of the effective date of this Agreement. The DPD shall implement the policy within three months of the DOJ's review and approval. Thereafter, the policy shall be reviewed and approved in writing by qualified medical and mental health professionals at least annually and prior to any revisions to the program. At a minimum, the policy shall:*

- a. indicate when the DPD shall convey prisoners taking prescription medication to the DRH or other treating hospital for evaluation;*



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- b. require the DPD distribute to prisoners only medications that have been prescribed at the DRH or other treating hospitals;*
- c. require that the DPD distribute medications as prescribed and not rely on inmates to identify their need for medication;*
- d. require that all prisoner medications be stored in a secure location near the holding cells and travel with prisoners that are transferred;*
- e. require the DPD to record relevant information regarding the administration of prescription medication on an auditable form;*
- f. require that injected medications are administered as prescribed and in a safe and hygienic manner; and*
- g. require that unused medications prescribed at the DRH or other treating hospitals are provided to prisoners upon their release.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

During all of the previous reporting periods, at the five districts/precincts that maintain holding cells, we found Medication Logs missing critical detainee and staff information. In prior reviews detainee dosages, dosing times, signatures, the names of the persons administering the medications, and prescription release information did not always appear on the logs. Those issues have been addressed with the exception of C32g, prescription release information. As a result, we found the DPD not in Phase 2 compliance with this paragraph.

During the current reporting period, in our review of 221 detainee file folders, we found a few instances where the DPD failed to record essential detainee and staff information. We noted, for example, that the medication logs on detainees who had been released showed that those detainees were not given their unused medications; although just above where the detention officer signs the form is a box that should be checked indicating the release.

There were 44 cases where medications were disbursed to detainees. In seven instances, it was unknown if the remaining medication was released to the detainee or transferred with them to another facility due to personnel not indicating the status on the form. There were two Corrective Action Notices issued in the Northeastern District for the two violations. In another facility, the violation was by a sergeant who did not complete the form correctly. Three of the seven violations occurred in the Sixth Precinct and in the Twelfth Precinct; the proper release of medications was documented in every instance. We examined the Platoon Daily Detainee Summary logs, which are used to ensure that detainee health information is exchanged and communicated between shifts. During a previous reporting period, DPD included a section on the PDDSL to indicate if detainees on a monitoring status were taking medications. This serves as an immediate alert for the CBS at the beginning of the shift that informs him/her if any detainees are on medication.

During our most recent site visit, we checked all active detainee file folders in all facilities for those detainees who were on medication or on a monitoring status. Each of the medication disbursement logs were reviewed and matched with the medication contained in the medication

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storage cabinet. We found that the prescribed medication for each detainee was properly stored. We did not find any medication left in the cabinet from detainees who had already been released as we had found in previous inspections. Our inspection of medication cabinets and medications for detainees at the districts/precincts maintaining holding cells revealed that all was satisfactory in the location of the cabinets and storage of medications.

Based on the noted improvements in our last quarterly report, we found DPD in pending Phase 2 compliance with this paragraph. However, due to DPD's failure to address the requirements of C32g, the Department is not in compliance with this paragraph at this time. The Department must address the concerns related to the documentation of medication disbursements; C32a through 32f are in compliance. The compliance rate for C32g is 87% compared to the 79% we found in the last reporting period.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: Pending Compliance

***CJ Requirement C33***

*The DPD shall provide appropriate clothing, such as paper gowns or suicide smocks, to all prisoners placed under suicide precautions.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

During previous reporting periods, we found that detention personnel were generally familiar with where the appropriate clothing items, paper gowns and/or suicide smocks, were stored. Our inspections revealed ample inventory of appropriate clothing.

During our most recent inspections in all five districts and precincts with holding cells, we found sufficient inventory of paper gowns and/or suicide smocks. The staff we interviewed were knowledgeable regarding the use of the clothing and where the appropriate clothing was stored.

We find DPD in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement C34***

*The DPD shall remove or make inaccessible all suicide hazards in holding cells including exposed pipes, radiators and overhead bars.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

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During all of our previous site visits, we conducted comprehensive inspections of each of the five districts/precincts that maintain holding cells, as well as the Detroit Receiving Hospital cells.

The DPD remains in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

¶	Requirements	Phase 1 – Policy	Phase 2 – Implementation
26	Prisoners' medical/mental health conditions	In Compliance	Deferred
27	Medical/mental health screening program	In Compliance	In Compliance
28	Medical/mental health screening procedures	In Compliance	In Compliance
29	Medical protocols	In Compliance	In Compliance
30	Infectious disease policy required	In Compliance	In Compliance
31	Prisoner health information protocol required	In Compliance	In Compliance
32	Prescription medication policy required	In Compliance	Pending Compliance
33	Clothing-suicide prevention	In Compliance	In Compliance
34	Removal of suicide hazards	In Compliance	In Compliance

**VI. PRISONER SAFETY POLICIES**

***CJ Requirement C35***

*The DPD shall ensure a reasonable level of safety of staff and prisoners through the use of appropriate security administration procedures.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

Phase 2 compliance is related to and contingent upon the implementation of staff and inmate safety measures required by C36-38; accordingly, the DPD is in compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement C36***

*The DPD shall develop and implement a prisoner security screening program for all buildings containing holding cells. At a minimum, the program shall:*

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- a. establish protocols based upon objective, behavior-based criteria for identifying suspected crime partners, vulnerable, assaultive or special management prisoners who should be housed in observation cells or single-occupancy cells; and*
- b. require that security screening information is documented and communicated between consecutive shifts.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

DPD Form 659A (Platoon Daily Detainee Summary Log [PDDSL]), revised August 2011, is used to record information on detainees with medical conditions or special needs. During this reporting period, we reviewed Eastern District logs that contained 705 entries. While we continued to find serious deficiencies in the "Prescribed Meds" column, we also noted numerous errors dealing with Suspected Crime Partners (SCPs). These errors included instances of SCPs being housed in the same cell, errors in identifying the correct cell housing a SCP, failures to identify a SCP, and failures to identify the correct SCP. We note that Eastern District completes its PDDSLs electronically and when an error is made in the initial entry, it frequently carries over onto successive shifts' logs, thereby compounding the error. Other errors included improper or missing alert markers. The Eastern District's compliance rate with this paragraph is 87%, a 3% decrease from the last reporting period.

We reviewed Northeastern District logs containing 475 entries. Errors involved failure to mark the prescribed meds column and the improper marking of alert boxes. The Northeastern District's compliance rate with this paragraph is 96%, the same we found during the last reporting period.

We reviewed Sixth Precinct logs containing 761 entries. The Sixth Precinct's compliance rate with this paragraph is 96%, a 2% decrease from the last reporting period.

We reviewed Twelfth Precinct logs containing 457 entries. One detainee was not listed on the May 10, 2012 Platoon 3, PDDSL, even though she was being monitored, as noted on DPD 661. Another detainee was listed on the May 11, 2012 Platoon 3, PDDSL, as being suicidal, but no Orange Alert was assigned. The detainee was also being monitored on DPD 661. The Twelfth Precinct's compliance rate with this paragraph is 92%, a 5% decrease from the last reporting period.

We reviewed Second Precinct (formerly Southwestern District) logs containing 565 entries. The district's compliance rate with this paragraph is 98% for this reporting period, a 1% decrease from the last reporting period.

The average for all districts/precincts during this reporting period is 94% compliance for the 2,963 log entries. The failure of holding personnel to mark the "Prescribed Meds" column and Suspected Crime Partner errors were the major factors in preventing satisfactory compliance with this portion of the Consent Judgment.

DPD is in Phase 2 compliance with this paragraph. However, additional effort is needed to correct excessive recording errors in the Twelfth Precinct and the Eastern District. Eastern District has fallen below the 94% compliance requirement for the last three reporting periods.

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**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement C37***

*The DPD shall develop and implement procedures for the performance, documentation and review of routine cell checks in all holding cells to ensure safe housing. At a minimum, the procedures should:*

- a. require that cell checks on the general population are performed at least twice per hour and that cell checks of prisoners in observation cells and DRH holding cells are performed every 15 minutes, unless constant supervision is required; and*
- b. require detention officers to document relevant information regarding the performance of cell checks in an auditable log.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

The duties of cell block supervisors (CBS) and detention officers relating to well-being checks are established by DPD policy. Supervisors are required to walk through the holding cell areas four times per shift to check on the well-being of the detainees. Detention officers are required to make similar visual checks every 30 minutes (or every 15 minutes for high-risk detainees). Their observations are documented on the Detention Cell Check Log (DPD 659).

At the Detroit Receiving Hospital (DRH), 15-minute well-being checks are entered on the DPD 659 Form when holding cells are occupied. The review of the DPD 659 forms from DRH this reporting period indicated an apparent compliance rate of 100%. Credit was given for sheets missing from Platoons 2 and 3 for April 1, 2012. A misconduct report is pending. Also, time stamps were illegible on some of the June documentation. This has been an ongoing problem in other sites for the last three inspections. Beginning with the next quarterly inspection, no credit will be given for unreadable documentation. General population well-being checks are entered on the DPD 659 Form every 30 minutes at the districts/precincts. Detainees held in observation cells are monitored every 15 minutes on DPD Form 661 (Mental Health High Risk Monitoring). During the current reporting period, our review of 270 Detention Cell Check Logs (DPD 659) for the general detainee population from the districts with holding cell facilities reflected a 100% compliance rate for the second consecutive reporting period. During each tour of duty, detention officers are required to make cell checks every 30 minutes (16 checks daily), and supervisors every two hours (four checks daily).

The integrity of the Medical/Mental Health Monitoring Logs (DPD 661) in the Eastern District is of major concern. Two serious issues regarding the safety and well-being of detainees have surfaced during this cycle. The continuity of monitoring and the accuracy of documentation appear to have been compromised in various observation logs from April and May that were submitted this Quarter. Following are examples of findings in the logs:

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1. There are at least eight instances of one shift of monitoring ending one hour prior to the next shift beginning. Therefore, on these eight documented occasions, there was no record of detainee monitoring between 1500 and 1600 hours.

Detainee CB Number & Dates of non-compliant monitoring, 1500-1600 hours:

- CB 201206797 4/2/12
- CB 201206797 4/3/12
- CB 201206836 4/3/12
- CB 201207083 4/6/12
- CB 201207083 4/7/12
- CB 201207098 4/6/12
- CB 201207090 4/6/12 \* Monitoring ended 1500 hrs. Supv. close-out states 1600.
- CB 201207115 4/8/12 \* No monitoring documented 1445 – 1600.

2. There are several instances of an overlap in monitoring where one shift begins an hour prior to the previous shift ending. It is unclear why the duplication of monitoring exists. However, the issue that has arisen due to the duplication in monitoring is the errancy in the documentation. Very blatant discrepancies in detainee behaviors are recorded on the monitoring logs during these overlapping hours. For example, observation codes for the same detainee, where monitoring overlapped between Platoon 3 and Platoon 1 for the same hour contradicted each other as follows:

- CB 201206836 4/2/12  
2300-0000 asleep  
2300-0000 awake, quiet, (feeding at 2315)
- Same detainee 4/3/12  
2300-0000 monitored but no observations  
2300-0000 awake
- CB 201206901 4/3/12  
2345-0000 asleep  
2345-0000 awake
- CB 201207083 4/6/12  
2300-0000 asleep  
2300-0000 awake
- CB 201207115 4/6/12  
2300-0000 asleep

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- 2300-0000      awake
- Same detainee 4/8/12
- 2300-0000      asleep
- 2300-0000      awake

There were other instances of gaps in monitoring. For example, there were logs that were marked to continue to the next platoon, with no additional documentation; there was a log that was marked to end monitoring due to a detainee being released from custody, yet was monitored for three more shifts. These aberrations not only violate the requirements of the Consent Judgment, but they greatly increase the liability of the Department; and in instances of gaps in monitoring, could present risks to detainees. The Department needs to thoroughly investigate these issues and promptly take corrective action.

During this reporting period, the Twelfth Precinct also had several potentially serious errors. These errors dealt with gaps in monitoring for three of the seven detainees on 15-minute watches during the reporting periods.

For the periods of April 1-6, May 9-14, and June 25-30, 2012, we reviewed 44 detainees who required a 15-minute watch, including those detainees on medication. Only one log was submitted from the Northeastern District – a possible error.

All districts met or exceeded the required >94% compliance standard for cell checks. However, it is questionable if DPD is in compliance with the Court's intent of this section of the Consent Judgment, given the number and gravity of the issues discussed above. DPD should pay particular attention to correcting errors in the Eastern District and the Twelfth Precinct on the DPD 661 logs. These two Districts were also cited in the previous report. While DPD is in Phase 2 compliance with this requirement at this time, continued errors of the types discussed above may remove the Department from compliance in the next reporting period.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement C38***

*The DPD shall record in a written policy and implement a procedure that requires detention officers to provide continual direct or on site remote observation of all observation cells while they are occupied.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

During the current reporting period, of the five DPD 661 Forms (for detainees who were maintained on suicide watches) that we reviewed, all of them specified "constant supervision." Four of the forms met the requirements for constant supervision as required by DPD policy. In the Northeastern District, a detainee was placed on constant observation watch, with the reason



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for starting being “prior suicide attempt.” There was no indication of when the prior attempt took place, and the detainee was not evaluated at the hospital. DPD Policy 305.1-3.26 (revised February 29, 2012) clearly defines the criteria for classifying a suicidal detainee. As the policy is written, there is no leeway in making a determination if a detainee should be placed on constant watch. A constant watch should only be used when a detainee meets one or more of the criteria listed in DPD 305.1-3.26. All other mental health issues should be assigned a 15-minute watch unless medical orders specify otherwise.

With the exception of the one case in the Northeast District, all districts met or exceeded the required >94% compliance standard. DPD is in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

¶	Requirements	Phase 1 – Policy	Phase 2 – Implementation
35	Security procedures to ensure safety	In Compliance	In Compliance
36	Prisoner security screening program	In Compliance	In Compliance
37	Procedures for cell checks required	In Compliance	In Compliance
38	On-site remote observation of cells	In Compliance	In Compliance

**VII. ENVIRONMENTAL HEALTH AND SAFETY POLICIES**

***CJ Requirement C39***

*The DPD shall ensure that all holding cells are cleaned immediately and thereafter are maintained in a clean and sanitary manner.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

During this reporting period, we evaluated all districts/precincts for general cleanliness and sanitation. The cleanliness levels in most areas were satisfactory. Eastern District had very dirty floors around the toilets in the cells. Additionally, the concrete benches have corroded over time and are no longer capable of adequate cleaning and disinfecting. The Sixth Precinct also had cleanliness issues in one of their observation cells. This cell was not occupied at the time due to an inoperable toilet. Southwestern had been freshly power washed and painted just prior to our visit.

Documentation of holding cell cleaning was below compliance standards during this reporting period. The Twelfth Precinct achieved only a 64% compliance rating for the months of April and May. There was no documentation of toilets being cleaned on Platoon One for the period of April 2-6, 2012, and there was no record of cleaning benches, sinks, and toilets, on Platoon One for five of the six reporting days in May. Additionally, there was no record of cleaning on Platoon Two on May 13, 2012, a day when detainees were present in the facility. During this

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reporting period, we reviewed 30 Holding Cell Cleaning Logs from the five facilities, for the months of April and May, with six days on each log, for a total of 180 days. DPD's compliance rate with this paragraph declined to 94% during this reporting period, due primarily to the low rate from the Twelfth Precinct. All other districts achieved a compliance rate of 97% or higher for the two-month period.

In June, the Department instituted a new reporting system for the cleaning of holding cell areas. Effective June 7, 2012, the cleaning of holding cell areas is documented electronically on the Department's Desk Blotter, by the Cell Block Supervisor in each holding cell facility. While the new system appears to be well-received by the majority of personnel, the documentation in the new system for the June reporting dates is still very much a work in progress. A separate analysis was conducted for the five holding cell facilities for the month of June. The Northeastern District was the only district to meet acceptable compliance reporting standards with a 94% compliance rate. The other districts ranged from 80% in the Second Precinct to 25% in the Sixth Precinct, with an overall average of 60% for all five districts.

Because the Department instituted a new reporting system approximately two weeks before the June reporting period, which did not allow sufficient time for training personnel and adjusting to the new system, the Department is in deferred Phase 2 compliance for this reporting period.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: Deferred

***CJ Requirement C40***

*The DPD shall design and implement a cleaning policy for all holding cells. The policy shall require routine cleaning and supervisory inspection of the holding cells and nearby areas.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

DPD Directive 305.4 (effective September 30, 2011) is the relevant document for this section; this document is reviewed on an annual basis. Additional documents have been issued to command staff for guidance purposes to ensure consistency in cleaning methods and procedures. The Holding Cell Compliance Committee (HCCC) has issued detailed cell block cleaning instructions that cover procedures, schedules, and documentation. Cleaning chemicals are ordered through City of Detroit; therefore, the holding facilities have no control over what chemicals are supplied by the City. The cleaning chemicals and supplies received by the holding facilities continue to be dependent upon what the City has in stock when the order is submitted.

During our most recent inspection, we noted that the holding cell facilities appeared to have adequate amounts of cleaning chemicals, but we continued to see a variety of different types of cleaning chemicals. Best practices dictate a standardized procurement and distribution system for chemicals used in the various holding facilities. The chemical needs of all of the holding facilities are the same, and an uncontrolled supply of chemicals in a detention facility represents a safety and security hazard to staff and detainees alike. It is impossible to properly train staff in

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the proper mixing and application of chemicals when different chemicals are randomly supplied to the sites. Therefore, the chemicals supplied to the sites should be standardized and preferably supplied by a single vendor, who may be willing to install automated dispensing systems in each site. These systems frequently result in cost savings to facilities through automated mixing, reduced spillage, and employee theft. A sole-source provider should also be expected to provide signage and instructions for proper use to personnel. We provided additional information and made recommendations regarding this issue to senior personnel during our most recent visit.

This requirement addresses the design and implementation of a cleaning policy for all holding cells. It also requires the routine cleaning and supervisory oversight of cleaning of the cells and nearby areas. The policy is in place and is adequate. The application of this policy has improved since our April site visit, but improvements in the chemical aspects of the cleaning operations are still needed.

Despite this, DPD remains in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement C41***

*The DPD shall design and implement a maintenance policy for all holding cells that requires timely performance of routine maintenance and the documentation of all maintenance requests and responses in an auditable log.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

The Platoon 1 Cell Block Supervisor is responsible for conducting a weekly maintenance inspection and for documenting discrepancies in the Facilities Maintenance Log (DPD 702). The Platoon 1 Cell Block Supervisor is required to submit repair orders via e-mail to the Facilities Maintenance Department.

Based on the Holding Cell Facility Logs (DPD 702), OCR prepares a monthly spreadsheet listing all current outstanding repairs and their status. Items on this spreadsheet are reviewed monthly by the HCCC. During this reporting period, HCCC meeting agendas were reviewed and confirmed that current facility repairs were being discussed.

During our evaluation of this reporting period's Facility Maintenance Logs, we reviewed all logs from each of the five districts/precincts that maintain holding facilities and matched those repair requests to the master tracking log maintained by OCR. This section of the Consent Judgment requires "timely performance of routine maintenance." Compliance with this requirement remains challenging due to the age of the facilities and furnishings and the lack of availability of replacement parts. We continue to find satisfactory response times in addressing repair issues.

DPD is in Phase 2 compliance with this paragraph.

**Compliance Status:**

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Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement C42***

*The DPD shall provide adequate heating and ventilation for all buildings containing holding cells.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

During our most recent inspection of all five facilities, outside temperatures reached the mid- to upper 90s, creating challenges to the HVAC systems in the holding cell areas. As we toured the holding cells each day, we checked the temperatures in the cell areas, and found the temperatures in each of the holding facilities to be within the limits established by the Department (between 66°F and 85°F). Measured temperatures in the cell blocks ranged from 69°F at mid-morning in the Northeastern District to 86.5°F in the Sixth Precinct. Humidity readings were captured in the Sixth Precinct and measured 56% to 61%. Numerous ventilation ducts continue to be heavily clogged with dust, debris, drink containers, etc., that impede the flow of air into the holding cells. The resulting lack of fresh air into the cell areas contributes to elevated temperatures and increased levels of humidity and carbon dioxide (CO<sub>2</sub>). A recent air quality investigation of the five holding cell facilities, conducted in May 2011, and in February, March, and May, 2012, by the Detroit Department of Health and Wellness Promotion, Environmental Health and Safety Division, found elevated levels of CO<sub>2</sub> in the Eastern District, Second Precinct, Northeastern District, and the Twelfth Precinct. The Department was advised by DDHWP to increase the ventilation in the cell block areas in order to reduce the CO<sub>2</sub> levels. Increasing the ventilation can be most economically and effectively improved by thoroughly cleaning and maintaining the existing ventilation ductwork and grates.

DPD is in Phase 2 compliance with the requirements of this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement C43***

*The DPD shall repair all broken or malfunctioning lighting, toilets, sinks and windows in holding cells and observation cells.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

During our most recent inspection, we found only isolated instances of malfunctioning lights, toilets, and sinks, than would be expected in facilities of this type. The facilities and the equipment are old and outdated. It can be difficult to locate replacement parts for some of the

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toilet and sink units. When these malfunctions occur in the holding cells, the cells should be taken out of service and signage should be posted on the front of the cell to prevent usage until repairs are completed. Staff are posting signage on cells that have been taken out of service.

DPD is in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement C44***

*The DPD shall ensure that lighting in all cell block areas is maintained at an appropriate level for all tasks related to the housing of DPD detainees, including but not necessarily limited to, security, safety, cleaning and disinfection of housing areas.*<sup>38</sup>

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

During our most recent site visit, lighting levels were determined to be marginally sufficient in the cell areas. In the Eastern District, the toilet areas are particularly dark; these areas were not adequately cleaned at the time of this inspection. If sanitation levels do not improve in these areas, it may become necessary to consider building modifications to ensure better lighting conditions in these areas. DPD is in Phase 2 compliance with this paragraph at this time.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement C45***

*The DPD shall provide all prisoners with reasonable access to toilets and potable water 24 hours-a-day.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

Our inspection of the district/precinct holding cells during this reporting period determined that all prisoners had access to toilets and potable water at all times. Cells with plumbing deficiencies were not being used and signage was posted accordingly. Based on the published directive and our observations of conditions of the physical plant in the district/precinct holding cells, DPD is in Phase 2 compliance with this paragraph.

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<sup>38</sup> Amended by Court Order dated April 23, 2012

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**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement C46***

*The DPD shall ensure that all Hepa-Aire purifiers comply with the Michigan Occupational Safety and Health Agency standards.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

All Hepa-Aire purifiers have been permanently removed from the district/precinct holding cell areas. DPD is in full compliance with the requirements of this Consent Judgment paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

¶	Requirements	Phase 1 – Policy	Phase 2 – Implementation
39	Clean and maintain holding cells	In Compliance	Deferred
40	Holding cell cleaning policy required	In Compliance	In Compliance
41	Holding cell maintenance policy required	In Compliance	In Compliance
42	Provide adequate heating and ventilation	In Compliance	In Compliance
43	Repair broken/malfunctioning cell elements	In Compliance	In Compliance
44	Insure sufficient cell lighting	In Compliance	In Compliance
45	Provide reasonable access to toilets and water	In Compliance	In Compliance
46	Hepa-Aire purifiers comply with standards	In Compliance	In Compliance

**VIII. POLICIES CONCERNING PERSONS WITH DISABILITIES**

***CJ Requirement C47***

*The DPD shall ensure that persons with disabilities are provided with reasonable accommodations.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

The Northeast District is the designated ADA-compliant holding facility. All detainees with disabilities requiring special accommodations are housed in this facility. During our most recent inspection, we found that detention staff in the districts/precincts continue to demonstrate

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competency in the use of Telecommunications Devices for the Deaf (TDD). In addition, the TDD equipment was working properly. This has been accomplished by the development of an effective testing protocol. DPD detention staff are now required, per policy, to conduct tests on a monthly basis that ensures the equipment is working properly and confirms that detention staff can demonstrate the use of the equipment.

Accordingly, we find the DPD in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement C48***

*The DPD shall develop and implement a policy concerning the detention of individuals with disabilities in consultation with qualified medical and mental health professionals. The policy shall be approved in writing by qualified medical and mental health professionals. Thereafter, the program shall be reviewed and approved in writing by qualified medical and mental health professionals at least every year and prior to any revisions to the program.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

The provisions of this requirement are covered in DPD 305.1, Detainee Intake, and DPD 305.5, Detainee Health Care. An annual review of these policies was conducted on February 17, 2012, and approved by qualified medical and mental health professionals.

Accordingly, we find DPD in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

¶	Requirements	Phase 1 - Policy	Phase 2 – Implementation
47	Reasonable accommodation for disabled	In Compliance	In Compliance
48	Detention of persons with disabilities	In Compliance	In Compliance

**IX. FOOD SERVICE POLICIES**

***CJ Requirement C49***

*The DPD shall ensure food is stored and served in a sanitary manner and in compliance with state and local health codes.*

**Comments:**



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The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

Our review of food storage and serving procedures at the five holding facilities found the DPD in compliance with all requirements.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

**CJ Requirement C50**

*The DPD shall develop and implement a food service policy that shall be approved in writing by a qualified sanitarian. At a minimum, the food service policy shall:*

- a. require that the meal plan is initially approved in writing by a qualified dietician and, hereafter, is reviewed and approved in writing by a qualified dietician at least every year, or prior to any revisions to the program;*
- b. require that all food is stored and handled in a sanitary manner;*
- c. ensure that all prisoners are provided with an alternative meal if they are unable to eat the standard meal for religious or dietary reasons; and*
- d. ensure that food service is provided to all prisoners who are held over six hours.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B. DPD's Detainee Food Service and Hygiene Items Policy 305.8, was reviewed and approved by the Detroit Department of Health and Wellness Promotion, dated March 22, 2012.

In June, the Department instituted a new reporting system for documenting the feeding of detainees. Effective June 7, 2012, meal service is documented electronically on the Department's Desk Blotter, by the Cell Block Supervisor in each holding cell facility.

During the current reporting period, we reviewed Daily Detainee Meal & Hygiene Logs, DPD form 663, for the periods of April 1-6, May 9-14, and June 25-30, 2012. As with the new holding cell cleaning documentation, the new food service documentation procedures have not been in effect long enough to allow personnel to become proficient in their use. A review of the districts' use of the new forms revealed compliance rates ranging from 100% in the Northeastern District to 25% in the Eastern District, with an overall compliance rate of 65% for the month of June. Many forms were not completed at all or contained information that was entered incorrectly. A major entry error was the failure to indicate "a.m." or "p.m." when entering feeding times; an entry of "5:58" could be a morning or evening feeding. The Department must institute a standardized entry for recording feeding times, using "a.m." or "p.m." designations, or use the 24-hour military reporting method.

Because of the recent implementation of the reporting system, the Department is in deferred Phase 2 compliance for this reporting period.

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The Detention Refrigeration Log, DPD form 655, was revised to capture daily refrigerator temperatures and weekly cleaning and sanitization information on a monthly, instead of weekly, basis. The revised form was implemented on June 7, 2012, Department-wide. The new form is simple to use and reduces staff input time. During this reporting period, we found that in every instance, the refrigerators had been cleaned weekly and refrigerator temperatures were satisfactory. Expiration dates on the food were up to standard. All districts were 100% compliant with the new refrigeration logs.

For this reporting period, we defer our Phase 2 assessment for this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

¶	Requirements	Phase 1 – Policy	Phase 2 – Implementation
49	Ensure sanitary food storage and service	In Compliance	In Compliance
50	Food service policies and practices	In Compliance	Deferred

**X. PERSONAL HYGIENE POLICIES**

***CJ Requirement C51***

*The DPD shall ensure that personal hygiene items should include; soap, toothbrushes, toothpaste, toilet paper, a comb, deodorant, and feminine hygiene products. The DPD shall implement this provision within one month of effective date of this Agreement.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

In the current reporting period, we inspected each area where the hygiene kits are stored to determine if the kits were readily available, and found that in all five facilities there were an adequate number of hygiene kits to distribute to detainees when needed. Feminine hygiene products were also available in all sites. Our interviews with the PDOs demonstrate an understanding of the importance of providing personal hygiene items to the detainees on a daily basis.

The DPD's compliance rate with this requirement is 100%. Accordingly, we find the Department in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

¶	Requirements	Phase 1 – Policy	Phase 2 – Implementation
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51	Make available personal hygiene items	In Compliance	In Compliance
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***CJ Requirement C52***

*The DPD shall require that any use of force on prisoners in holding cells complies with the DPD's use of force policies and procedures.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

During the last reporting period, we reviewed 12 incidents occurring at detention facilities. Five of the cases were attempted suicides, and one was a detainee injury in which no force was utilized. One of the attempted suicides evolved into a use of force in which several officers engaged in attempting to subdue a detainee. Nine of the cases reviewed had video available for review, but only eight had details of the reviews (67%).

During this reporting period, we also examined 14 SIRs regarding incidents occurring at detention facilities. Two of the cases were attempted suicides, and one was a detainee injury in which no force was utilized. Thirteen of the 14 cases should have had video reviews; eight had sufficient reviews utilizing facility and handheld camera recordings (62%).<sup>39</sup> Four had no reviews or poor reviews. One is unknown, as the SIR was not submitted.

DPD is not in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: Not in Compliance

***CJ Requirement C53***

*The DPD shall revise and augment its policies regarding prisoners to require that:*

- a. Officers utilize appropriate precautions when interacting with a prisoner who has previously demonstrated he or she is recalcitrant or resistant, including: summoning additional officers; summoning a supervisor; and using appropriate restraints;*
- b. absent exigent circumstances, officers notify a supervisor before using force on a prisoner who is confined to a cell; and*
- c. the supervisor assesses the need to use force on a prisoner who is confined to a cell, direct any such use of force and ensure the incident is videotaped.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

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<sup>39</sup> The detainee injury was removed from the base, leaving 13.

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All districts/precincts that maintain holding cells are equipped with some level of videotaping/digital recording equipment that is linked to a camera system that monitors hallways and common areas as well as most, but not all, cells. In addition to the mounted video equipment, the detention districts/precincts have been issued handheld cameras that can be used for planned extractions. Our visits to the various holding facilities found that supervisors were aware of the handheld cameras and had received some training in their use. All supervisors contacted during the site visit were aware of the cameras location. In our previous report, we found that there were 12 SIR investigations of incidents occurring in detention facilities cases; only two of these cases could be evaluated against C53a.

During this reporting period, we reviewed 14 cases occurring in DPD detention facilities. Of the 14 cases, two were attempted suicides and one was a detainee injury. In one case, the SIR was not submitted for review. Of the 13 cases reviewed, only two involved cell extractions. The others occurred either in the garage, as personnel attempted to bring detainees into the processing area; or in the processing area, as personnel attempted to place a detainee into a cell; or as personnel attempted to place a detainee into a transport unit. The two cell extractions were the attempted suicides. Both had good facility video with detailed reviews by the supervisors; neither utilized the handheld camera due to the exigent circumstances of the attempted suicide.

With respect to C53(a), there were six cases in which officers were dealing with subjects who had previously demonstrated that they were recalcitrant or resistant; none were cell extractions. Of those six cases, three had additional officers present (50%) and a supervisor was present in five of the situations (83%).<sup>40</sup> DPD is not in compliance with U53a. With respect to U53 (b), and U53 (c), there are two cases, both attempted suicides, that were cell extractions and therefore are covered by these provisions: one in April and one in May. There were no extractions reported in March.<sup>41</sup>

In neither of the attempted suicides was there prior knowledge and exigent circumstances precluding the preplanning envisioned for cell extractions. The officers reacted appropriately as soon as they observed the situation and requested assistance once they had provided some relief to the detainees. In one of the cases in which the detainee utilized a belly button piercing ring to cut her wrists, there was a brief struggle to remove the ring from her hands. Both of these incidents were recorded, and the supervisory review included sufficient detail. In restricting our comments to cell extraction cases solely, DPD would be in compliance with 53 b and 53 c.

In their review of this incident, the inspector and commanders noted the difficulties of locating unobservable body piercings. We recommend that DPD pursue this issue further to determine what procedures or processes could be instituted to preclude a recurrence of an injury, either to a detainee or an officer, caused by an unobservable body piercing.

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<sup>40</sup> There were other incidents at which additional officers were present and at which supervisors may have also been present; however, they do not meet the criteria of being cases where a prisoner has previously demonstrated he or she is recalcitrant or resistant.

<sup>41</sup> The remaining uses of force involved incidents in which detainees were being moved from the processing area to be placed in a cell.

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In reviewing the remaining cases involving uses of force on detainees, we find that they are primarily instances in which force is used on detainees who are being removed from vehicles in the garage or being placed in their cells from the processing area. These are incidents that mostly occur spontaneously; and consequently, do not allow for preplanning. There are instances, however, in which the detainee's behavior during the processing is such that supervisors should be notified; and plans should be made to have sufficient officers present to move the detainee into a cell with the minimum force possible.

Video was available and reviewed in eight of the 13 cases, including four in which the handheld camera was utilized (63%).

DPD is not in Phase 2 compliance with this paragraph as substantial compliance must be achieved in all three subcategories.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: Not in Compliance

***CJ Requirement C54***

*The DPD shall not handcuff prisoners to benches for longer periods of time than are necessary.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

We found the DPD in deferred Phase 2 compliance status during the first reporting period, and in Phase 2 compliance during subsequent reporting periods.

During our visits to detention facilities during the most recent site visit, we did not observe any prisoners handcuffed to benches or fixed objects. Our review of DPD 715 forms (Evaluation of the Operation of Holding Cells), question 22 ("Were any detainees observed handcuffed to an object?") and Office of Civil Rights monthly inspections, revealed four instances during the reporting period in which detainees were handcuffed to fixed objects. In each instance, the prisoner was using a phone and being secured in this manner was appropriate.

DPD is in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

¶	Requirements	Phase 1 – Policy	Phase 2 – Implementation
52	Use of force policies	In Compliance	Not in Compliance
53	Revise policy re use of force with prisoners	In Compliance	Not in Compliance
54	Handcuffing of prisoners to benches	In Compliance	In Compliance

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**XII. INCIDENT DOCUMENTATION, INVESTIGATION AND REVIEW*****CJ Requirement C55***

*The DPD shall require that all uses of force, injuries to prisoners and in-custody deaths occurring in the DPD holding cells are investigated in compliance with the DPD's general incident investigation policies.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

We found the DPD out of Phase 2 compliance with this paragraph during all of the previous reporting periods.

During the last reporting period, we reviewed 12 incidents involving uses of force in holding cells and five attempted suicides. All 12 cases had SIR investigations completed. One missed the 10-day requirement, and two missed the 30-day requirement. Nine (75%) of the 12 cases included video reviews.

During this reporting period, we requested 14 cases. Two were attempted suicides and one was a detainee injury. One of the cases that we requested was not submitted. Four of the cases missed the 10-day requirement, and five missed the 30-day requirement.<sup>42</sup> Eight (57%) of the 14 cases included acceptable video reviews. As with the SIR investigations involving uses of force outside of the detention facilities, we continue to encourage staff to conduct more critical reviews of the investigations. There were no in-custody deaths in the cell block areas.

DPD is not in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: Not in Compliance

***CJ Requirement C56***

*The DPD shall require that all uses of force occurring in the DPD holding cells are reported and investigated in compliance with the DPD's use of force investigation policies.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

During the last reporting period, we commented on the video reviews, noting that nine of the 12 cases had opportunities for video recording and reviews. Three incidents occurred in an area that had no recording equipment. Of the five cases with some level of recording, we found that three had sufficient reviews of the available videos. One included a review of facility and handheld

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<sup>42</sup> The cases with missed dates includes the missing case, the date of which is unknown.

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camera videos, but lacked detail. One noted that there was no download of the video available; the report noted that it is a recurring issue in that district. Of the nine cases with recordings, one was blurry, but the rest were clear with detailed explanations of the contents on the part of the supervisors.

During this reporting period, we found that 13 of the 14 cases had opportunities for video recordings and reviews. Eight (62%) contained acceptable reviews; four contained no reviews or poor reviews. One is unknown, as the SIR was not submitted.<sup>43</sup> Our review of the SIR investigations found that they suffered from the same deficiencies identified in the field SIR investigations.

DPD is not in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: Not in Compliance

***CJ Requirement C57***

*The DPD shall require that all injuries to prisoners occurring in DPD holding cells are reported and investigated in compliance with the DPD's prisoner injury investigation policies.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

During the last reporting period, we investigated five attempted suicides and a detainee injury.

During this reporting period, we reviewed two attempted suicides and a detainee injury. One of the attempted suicides required minimal force to remove a belly ring piercing that the subject used to cut her wrists. That incident was captured on video with a sufficient supervisory review of the recording. The other attempted suicide and the detainee injury were both investigated in conformance with the requirements in C57.

The detainees involved in the two attempted suicides were promptly transported to DRH for treatment.

DPD is in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***Critical Issues:***

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<sup>43</sup> One was a detainee injury that was not videotaped and was not required to be videotaped.



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- The issues that impact the quality of use of force investigations as described in the Use of Force section of the Consent Judgment are applicable to the use of force investigations of incidents occurring in the cell block area. The remedies we have recommended in those areas remain constant for the Conditions of Confinement requirements. Timely and thorough investigations, coupled with critical command level reviews, are the keys to achieving compliance. We have noted improvements in video review and the use of the handheld portable cameras.

***Next Steps:***

During the next reporting period, we will:

- Continue to review all force, injury, and complaint incidents originating from detention facilities.
- Monitor the supervisory review of video captured in the detention areas, and, where appropriate, monitor the use of handheld cameras in each detention facility.
- Conduct field visits to various detention facilities to verify the Department's adherence to policy requirements.

¶	Requirements	Phase 1 – Policy	Phase 2 – Implementation
55	Use of force investigations	In Compliance	Not in Compliance
56	Use of force investigations	In Compliance	Not in Compliance
57	Injury to prisoner investigations	In Compliance	In Compliance

**XIII. EXTERNAL COMPLAINTS**

***CJ Requirement C58***

*The DPD shall ensure that it accepts and processes all external complaints regarding incidents occurring in holding cells consistent with the DPD's external complaint policies.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

We found DPD in Phase 2 compliance with this paragraph during all of the previous reporting periods.

During this reporting period, the Department closed four complaints originating from detention facilities: one in April; one in May; and two in June. All complaints were accepted and processed in accordance with DPD policy. All contained demeanor-related allegations, two also involved procedure allegations, and another alleged force. OCI retained investigation of all of the cases. While there were issues associated with the investigation of these complaints (see C59), DPD is in Phase 2 compliance with this Consent Judgment paragraph.

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**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement C59***

*The DPD shall ensure that all external complaints it receives regarding incidents occurring in holding cells are investigated and reviewed consistent with the DPD's policies concerning external complaint investigations and review.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

We found the DPD in Phase 2 compliance with this paragraph during the first reporting period, but not in compliance during successive reporting periods.

OCI closed four complaints originating from detention facilities during the reporting period. Only one was completed within 90 days. The rest took over 200 days to complete. In one case, a detainee complained that he did not receive his medications while in custody. This allegation, put forth in his OCI interview, was never documented or investigated.

In summary, the detention cases exhibited many of the issues delineated in CJ requirements U27-33, impacting DPD's compliance with this requirement. DPD is not in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: Not in Compliance

***Critical Issues:***

- The issues that impact the quality of use of force investigations and OCI investigations, as outlined in CJ requirements U27-33 and U61-69 are also evident in the cases reviewed for requirements C58-59. As these issues are addressed Department-wide, we hope to see a positive impact on the subset of cases originating from detention facilities.

***Next Steps:***

During the next reporting period, we will:

- Continue to review all force, injury, and complaint incidents originating from detention facilities.
- Check, in applicable cases, for the appropriate use of handheld cameras, now that they are deployed in all detention facilities.

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- Conduct field visits to various detention facilities to verify members' knowledge of and the Department's adherence to policy requirements.

¶	Requirements	Phase 1 – Policy	Phase 2 – Implementation
58	Receipt of external complaints	In Compliance	In Compliance
59	Investigation of external complaints	In Compliance	Not in Compliance

#### **XIV. GENERAL POLICIES**

##### ***CJ Requirement C60***

*In developing, revising, and augmenting the policies discussed in this Agreement, the DPD shall ensure that all terms are clearly defined.*

##### **Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

We found the DPD in Phase 2 compliance in all of the previous reporting periods. That status continues in this reporting period.

##### **Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

##### ***CJ Requirement C61***

*The DPD shall continue to make available proposed policy revisions to the community, for review, comment and education. Such policy revisions shall also be published on the DPD's website to allow comments to be provided directly to the DPD.*

##### **Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

See U71. The DPD is in continued Phase 2 compliance with this paragraph.

##### **Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

¶	Requirements	Phase 1 – Policy	Phase 2 – Implementation
60	Clearly define all terms in policies	In Compliance	In Compliance
61	Policy changes available to community	In Compliance	In Compliance

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## **XV. MANAGEMENT AND SUPERVISION**

### ***CJ Requirement C62***

*The DPD shall routinely evaluate the operation of the holding cells to minimize harm to staff and prisoners.*

#### **Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

During this reporting period, CRIB staff inspected all of the facilities with holding cells and the DRH each month and documented their findings on Form 715 Evaluation of the Operation of Holding Cells. Upon review of the completed forms we found that all forms contained critical findings e.g. broken toilets and sprinkler heads, inoperable video cameras and an open fire door due to the building overheating. Requests for repairs had been made and were documented on the maintenance log. All 715 forms were complete with all of the required signatures. .

#### **Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

### ***CJ Requirement C63***

*The DPD shall operate the holding cells in compliance with DPD's comprehensive risk management plan including implementation of:*

- a) the risk management database;*
- b) the performance evaluation system;*
- c) the auditing protocol;*
- d) regular and periodic review of all DPD policies; and*
- e) regular meetings of the DPD management to share information and evaluate patterns of conduct by DPD that potentially increase the DPD's liability.*

#### **Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

Phase 2 compliance with this requirement is unchanged since the last report. With regard to personnel evaluations, requirements to sustain Phase 2 findings in U91 are also relevant here. Evaluations of detention personnel are included in our sample drawn for regular review. Procedures requiring audits of holding facilities are also included under the general audit requirements (U92-99). Findings of Phase 2 compliance in these areas, therefore, also apply to the related subsections of this requirement (sections b, c). Likewise, requirements regarding regular policy review (section d) and meetings to evaluate potential liability risk (section e) are met by monthly command review meetings.

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Under the Use of Force Consent Judgment, U78-90 establish the standards for the Phase 2 requirements of the risk management system. Since norming of data by arrest is not relevant to holding cell operations, we found DPD in compliance with this paragraph in the last reporting period. That logic continues to govern, and now DPD is in full compliance on U78; therefore, DPD is also in compliance on the related portion of this requirement.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement C64***

*The DPD policy on video cameras shall be revised and augmented to require:*

- a. the installation and continuous operations of video cameras in all prisoner processing areas of the DPD holding cells within one year of the effective date of this Agreement;<sup>44</sup>*
- b. supervisors to review videotapes of all incidents involving injuries to a prisoner or an officer, uses of force and external complaints;*
- c. that the DPD retain and preserve videotapes for at least 90 days, or as long as necessary for incidents to be fully investigated; and*
- d. that the DPD conduct and document periodic random reviews of prisoners processing area camera videotapes for training and integrity purposes and conduct periodic random surveys of prisoners processing area video recording equipment to confirm that it is in proper working order.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

During our previous inspections of holding cells, we observed the operation of video cameras in all processing areas and throughout the holding facilities. We noted that CRIB and/or detention staff conducts monthly random reviews of videos in processing areas as well as specific reviews when a use of force incident occurs.

During our January 2011 site visit, the Parties determined that video cameras were not required outside of the processing areas. During our two previous two site visits, the video cameras in all of the districts/precincts that maintain holding cells were operational in the processing areas. DPD has purchased handheld video cameras to achieve compliance with C53, subparagraph c, which states: "The DPD shall revise and augment its policies regarding prisoners to require that: c. the supervisor assesses the need to use force on a prisoner who is confined to a cell, direct any such use of force and ensure the incident is videotaped." Personnel in the five facilities were able to activate the handheld cameras. This equipment should be routinely checked to ensure its operability.

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<sup>44</sup> Amended by Court Order dated June 1, 2011

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During this reporting period, as in the previous reporting period, we reviewed eight cases, within or at the holding facilities that involved a use of force or a prisoner injury. In six of the cases, video was reviewed; in the two cases where video was not available, a detainees' suicide attempt occurred inside a cell and was not subject to the view of a camera and in the other case, a detainee was outside the facility being forcefully removed from a police vehicle when efforts to coax here to compliance with commands failed. In this case the officers could have contemplated retrieving the handheld camera from the cell block desk to record the extraction. In previous reporting periods, we noted issues with canvassing/interviewing witnesses; however, canvassing and witness statements were taken in every case, except one (no other witnesses available) that we reviewed during this reporting period. All initial reports were completed in a timely fashion. Commanding officers are taking a more active role in addressing use of force and prisoner injuries in the facilities.

We reviewed DPD Form 713, effective April 2010, that requires personnel working in the five holding facilities to conduct random reviews of holding cell processing areas for training and integrity purposes, and found the reviews timely. We reviewed 30 Supervisory Detainee Processing Area Video Review Forms; all indicated the DPD members on duty at the time of the video review, any unusual circumstances occurring, and supervisory review. In the tenth reporting period, the Northeastern District did not provide any forms for review, as CRIB advised the district was experiencing many technical issues due to its exclusive installation of the new in-car video equipment. We were able to review the Northeastern District during the eleventh and twelfth reporting periods. Technical issues remain at this location.

DPD is in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement C65***

*The DPD shall conduct regularly scheduled semiannual audits, covering all DPD units and commands that investigate uses of force, injuries to prisoners and allegations of misconduct in holding cells, including;*

- a. reviewing a statistically valid sample of command, IAD, and Homicide Section investigations;*
- b. evaluating whether the actions of the officer and the subject were captured correctly in the investigative report;*
- c. evaluating the preservation and analysis of the evidence;*
- d. examining whether there is consistency in use of force and injured prisoner investigations throughout the DPD;*

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- e. *evaluating the appropriateness of the investigator's conclusions; and*
- f. *issuing a written report regarding the findings of the audit.*<sup>45</sup>

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

The CRIB Audit Team completed and issued its Combined Use of Force and Allegations of Misconduct in Holding Cells Investigations Audit for the audit period ending January 31, 2012. We reviewed the audit for that reporting period; and found that the Audit Team conducted a comprehensive audit regarding uses of force, injuries to prisoners, and allegations of misconduct in holding cells. The respective command staff were notified of the deficiencies and responded to the Command Action Notices with non-disciplinary corrective action and/or training as appropriate. The next semi-annual audit will have been completed by July 31, 2012; and will be discussed in our next quarterly report.

Accordingly, we continue to find the DPD in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement C66***

*The DPD shall create a Holding Cell Compliance Committee that is responsible for assuring compliance with requirements of this Agreement. The Holding Cell Compliance Committee shall conduct regularly scheduled quarterly audits in all buildings containing holding cells to evaluate compliance with fire detection, suppression and evacuation program, including:*

- a. *testing a sample of smoke detectors and sprinklers;*
- b. *testing the back-up power systems;*
- c. *reviewing a sample of fire equipment testing and maintenance records; and*
- d. *issuing a written report regarding the findings of the audit.*

**Comments:**


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<sup>45</sup> Amended to reflect the below stipulated language contained in the Court order of April 15, 2009:

The audits required by paragraphs 65 to 71 in this Agreement shall be submitted on a semiannual basis with the first and second semiannual periods ending on January 31 and August 31, 2004. Subsequent semiannual periods shall end on January 31, 2005, and every six months thereafter. Each of these audits may be conducted on an annual rather than a semiannual basis when the Monitor concludes that the most recently submitted audit for the same topic is compliant, and the remaining requirements of this paragraph have been met for the prior audit of that topic. The DPD shall issue all audit reports to the Chief of Police and also provide copies to each precinct or specialized unit commander. The commander of each precinct and specialized unit shall review all audit reports regarding employees under their command and, if appropriate, shall take nondisciplinary corrective action or disciplinary action.



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The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

The DPD established an active Holding Cell Compliance Committee that meets monthly and collaborates with the CRIB Audit Team to conduct the audits required by this paragraph.

The CRIB audit team conducted the semi-annual Fire Safety Practices and Policies Audit that was completed for January 31, 2012. The next audit is scheduled to be completed on July 31, 2012.

During this reporting period, we inspected the five districts/precincts that maintain holding cells, and examined the policies and practices related to Departmental fire safety. Our current findings are documented in C14-22.

Accordingly, we continue to find DPD in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement C67***

*The Holding Cell Compliance Committee shall conduct regularly scheduled audits in all buildings containing holdings cells to evaluate emergency preparedness, including;*

- a. reviewing a sample of key and fire equipment maintenance and inventory records; interviewing selected detention officers about their participation in fire drills and on their responsibilities under emergency preparedness program and testing their ability to identify keys necessary to unlock all holding cell doors; and*
- b. issuing a written report regarding the findings of the audit.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

The DPD established an active Holding Cell Compliance Committee that collaborates with the CRIB Audit Team to conduct the audits required by this paragraph.

The CRIB Audit team completed the Comprehensive Emergency Preparedness Program audit for the period ending January 31, 2012. We confirmed that the DPD met the requirements for performance and documentation of requirements of this paragraph. The next semi-annual audit is scheduled for July 31, 2012.

The DPD developed and published a Comprehensive Emergency Preparedness Program (CEPP) addressing safety and security, as required. The CEPP includes an emergency response plan for each district/precinct (see C24) and a key control system requirement (see C25).

During our most recent inspection of all districts/precincts that maintain holding cells, we examined the policies and practices related to the Emergency Preparedness Program. Our findings are discussed above in C23-25.

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The DPD has conducted and documented fire drills, as required. Accordingly, we continue to find the DPD in Phase 2 compliance with these requirements of this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement C68***

*The Holding Cell Compliance Committee shall conduct regularly scheduled quarterly audits in all buildings containing holding cells to evaluate the medical/mental health programs and policies, including:*

- a. reviewing a sampling of hospitals referral forms in comparison to prisoner intake forms to evaluate the accuracy of the intake screening and whether appropriate action was taken;*
- b. observing intake screening interviews to assess thoroughness;*
- c. reviewing a sampling of the prescription medication log to ensure that medications were administered as prescribed and that their distribution was accurately recorded; and*
- d. issuing a written report regarding the finding of the audit.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

The DPD established an active Holding Cell Compliance Committee that collaborates with the CRIB Audit Team to conduct the audits required by this paragraph.

The most recent semi-annual audit was completed for January 31, 2012. The audit is comprehensive and addresses the deficiencies by issuing Command Action Notices to the appropriate command staff. Included in the audit are the responses from the commanders, indicating training or issuance of non-disciplinary or disciplinary notices. The next semi-annual audit is scheduled for July 31, 2012.

During this reporting period, we visited the five districts/precincts that maintain holding cells, and examined the policies and operational practices related to the Medical and Mental Health Program. Our findings are discussed above in C26-34.

We conclude that the DPD has met the requirements for performance and documentation of requirements of this paragraph. The DPD remains in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

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***CJ Requirement C69***

*The Holding Cell Compliance Committee shall conduct regularly scheduled quarterly audits in all buildings containing holding cells to evaluate detainee safety programs and policies, including;*

- a. reviewing a sampling of security screening records, including written supervisory approvals, to ensure that prisoners are being properly screened and housed;*
- b. reviewing a sampling of the cell checks logs to ensure that checks are being accurately and regularly performed and that cell checks logs are receiving supervisory review and written approval; and*
- c. issuing a written report regarding the findings of the audit.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

The DPD established an active Holding Cell Compliance Committee that collaborates with the CRIB Audit Team to conduct the audits required by this paragraph.

The CRIB Audit Team completed and issued its audit results for the Detainee Safety Program on January 31, 2012. We reviewed the current audit independently, and found that many of the deficiencies founded are similar to our findings during our inspections. The audit noted deficiencies at all districts/precincts relating to C35, and C36(a) and (b) – areas that were also marked as deficient during the last semi-annual audit. Command Action Notices were issued and responses were received by February 15, 2012. The next semi-annual audit is scheduled for July 31, 2012

Additionally, we independently reviewed the operational implementation of policies and practices related to the Detainee Safety Program during our visits to all five districts/precincts that maintain holding cells and the DRH. Our findings are discussed in C35-38.

We conclude that the DPD has met the requirements for performance and documentation of the requirements of this paragraph. Accordingly, we find DPD in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement C70***

*The Holding Cell Compliance Committee shall conduct regularly scheduled quarterly audits in all buildings containing holding cells to evaluate the environmental health and safety programs, including;*

- a. inspecting holding cells and surrounding areas to ensure that they are clean and clear of debris and that the lighting, sinks, and toilets are operable;*

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- b. reviewing a sampling of cleanings and maintenance logs to ensure they are properly maintained and reflected the scheduled performance of the requisite cleaning and maintenance tasks;*
- c. reviewing the systems in place for assuring that all prisoners have reasonable access to potable water and toilets 24 hours a day;*
- d. observing whether holding cells are free of any potential suicide hazards; and*
- e. issuing a written report regarding the findings of the audit.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

The DPD established an active Holding Cell Compliance Committee that collaborates with the CRIB Audit Team to conduct the audits required by this paragraph.

The CRIB Audit Team completed its first combined semi-annual audit of the Environmental Health and Safety Program, Detainee Food Services and Personal Hygiene Policies and issued their findings on January 31, 2012. The audits were combined for efficiency reasons. They cover C70-71 and focus on Paragraphs C34, C39-45, and C49-51. Additionally, CRIB staff conducts monthly audits of the elements of this paragraph and documents the results on DPD Form 715 Evaluation of the Operation of Holding Cells. We reviewed all of the team's results, and found them to be comprehensive. We continue to conduct inspections separately on operational implementation of policies and practices of the five districts/precincts with holding cells and the DRH. Our findings for the paragraph are discussed above in C39-46. The next semi-annual audit is scheduled for July 31, 2012.

DPD has met the requirements for performance and documentation of requirements of this paragraph. The DPD remains in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement C71***

*The Holding cell Compliance Committee shall conduct regularly scheduled semiannual audits of all building containing holding cells to evaluate the food service program, including:*

- a. reviewing a statistically valid sample of food service documentation to evaluate whether prisoners who are held over six hours receive regular and adequate meals;*
- b. assuring that food is handled in a sanitary manner; and*
- c. issuing a written report regarding the findings of the audit.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

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The DPD established an active Holding Cell Compliance Committee that collaborates with the CRIB Audit Team to conduct the audits required by this paragraph.

The CRIB Audit Team completed and issued its command-specific audit on the DPD food service program and hygiene practices on January 31, 2012. This was the first combined audit that also included Personal Hygiene Policies and Environmental Health and Safety Policies. We found the audit to be comprehensive and meeting the requirements for performance and documentation of requirements of this and the previous paragraph, C70.

We continue to visit the five districts/precincts that maintain holding cells. We examined the implementation of the policies and practices related to the food service program and hygiene practices. Our findings are discussed in C49-50.

The next semi-annual audit is scheduled for July 31, 2012.

The DPD remains in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement C72***

*The audits required by paragraphs 65 to 71 in this Agreement shall be submitted on a semiannual basis with the first and second semiannual periods ending on January 31 and August 31, 2004. Subsequent semiannual periods shall end on January 31, 2005, and every six months thereafter. Each of these audits may be conducted on an annual rather than a semiannual basis when the Monitor concludes that the most recently submitted audit for the same topic is compliant and the remaining requirements of this paragraph have been met for the prior audit of that topic. The DPD shall issue all audit reports to the Chief of Police and also provide copies to each precinct or specialized unit commander. The commander of each precinct and specialized unit shall review all audit reports regarding employees under their command and, if appropriate, shall take non-disciplinary corrective action or disciplinary action.*<sup>46</sup>

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

The CRIB is mandated under this Consent Judgment paragraph to provide written reports for the Chief of Police and specified commanders. In previous reporting periods, we found that the various reports and field responses were unacceptable, in that these reports were specific to the district/precinct and did not receive sufficient attention. The CRIB conducted a review of the audit process, and subsequently changed the audit process to focus on individual commands. These command-specific audits were anticipated to result in clearer command accountability and increased awareness to issues that are identified through the audit process.

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<sup>46</sup> Amended by Court Order dates April 15, 2009

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For the last reporting period, we received and reviewed the command-specific audits for the period ending January 31, 2012. The audits included are Medical and Mental Health Program and Policies; Combined Environmental Health and Safety; Detainee Food Service and Personal Hygiene Practices; Fire Safety Practices and Policies; Allegations of Misconduct in Holding Cells and Uses of Force in Holding Cells Combined; and Comprehensive Emergency Preparedness Program. We also reviewed the Corrective Action Notices from the commands that were submitted prior to February 15, 2012. The next set of audits is due to be completed by July 31, 2012. We will report on these audits in our next quarterly report. Although we find the audits to be comprehensive and accurate, we cannot recommend that they be conducted on an annual basis due to the excessive number of repeat deficiencies that continue to be discovered.

The DPD remains in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

¶	Requirements	Phase 1 – Policy	Phase 2 – Implementation
62	Evaluation of holding cell operation	In Compliance	In Compliance
63	Operate cells in compliance with risk plan	In Compliance	In Compliance
64	Augment policy regarding video cameras	In Compliance	In Compliance
65	Quarterly audits required	In Compliance	In Compliance
66	Fire safety audits required	In Compliance	In Compliance
67	Emergency preparedness audits required	In Compliance	In Compliance
68	Medical/mental health program audit	In Compliance	In Compliance
69	Detainee safety audits required	In Compliance	In Compliance
70	Environmental health/safety audits	In Compliance	In Compliance
71	Food service program audits required	In Compliance	In Compliance
72	Audit results to Chief and Commanders	In Compliance	In Compliance

***CJ Requirement C73***

*The DPD shall provide comprehensive pre-service and in-service training to all detention officers.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

During past site visits, we have conducted surveys to evaluate the comprehensiveness of training provided to detention officers, and determine the Department's compliance with its policies requiring that officers who are assigned detention duties have been afforded detention training.

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DPD steadily improved in this area. In our January 2011 review, we found for the first time that DPD was in compliance with this requirement. The Department continued throughout 2011 in compliance; over 99% of the officers who were assigned to detention duties in 2011 had been trained in detention as required.

During this reporting period, we again randomly sampled three days (Thursday, April 19; Friday, Saturday, May 25; and June 2, 2012) and found that 215 (95%) of the 225 officers who worked in detention duties on those three days had completed the Detention Officer Course. We also found that all (100%) of the supervisors *specifically designated* on the Daily Details as responsible for the cellblock had received detention training.

As we noted in our two previous reviews, supervisory authority over the cellblock area in the Central District is not clearly defined on the Daily Details. Again we found in nine Central District Daily Details that we reviewed, no supervisor was clearly listed as assigned to supervise the officers handling detention duties. The Central District does not have a cellblock, but designates officers to handle detention duties at Detroit Receiving Hospital. We again found that nine of the supervisors of the officers handling detention duties in the Central District had not received detention training within the past year.

The DPD remains in compliance with C73 but, while the failure to denote the detention supervisor on the Daily Detail is not *technically* a violation of this requirement, we note again that it is an undesirable trend that needs to be corrected. Further, supervisors for the officers assigned to detention duties should also have undergone detention officer training.

The Department is in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement C74***

*The DPD shall create and maintain individual training records for all detention officers, documenting the date and topic of all pre-service and in-service training, completed for all training completed on or after the effective date of this agreement.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

In July 2011, we found that DPD had completed the entry of all training records since 2003 into the Michigan MITN automated records system. During this reporting period, we verified the accuracy of the DPD Training records (see U108) and their entry into the MITN system. DPD was able to produce an accurate and current list of officers and supervisors who received in-service training. DPD is in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance



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Phase 2: In Compliance

***CJ Requirement C75***

*The DPD shall provide all detention officers, supervisors of detention officer and members of the Holding Cell Compliance Committee with annual training in emergency preparedness. Such training shall include drills and substantive training in the following topics:*

- a. Emergency response plans and notification responsibilities;*
- b. Fire drills and use of fire extinguishers and other fire suppression equipment;*
- c. Key control drills and key control policies and procedures; and*
- d. Responding to emergency situations, including scenarios detention officers likely will experience.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

Although DPD detention training adequately addresses the requirements of C75, we found in previous reporting periods that the Department continued to assign officers and supervisors who had not been trained in detention duties. In our January 2011 review, we found for the first time that DPD was in compliance with the requirement that only officers trained in detention be assigned to such duties. The Department continued throughout 2011 in compliance. For the year 2011, our reviews determined that over 99% of the officers who were assigned to detention duties had been trained in detention, as required.

During our most recent site visit, we found that 95% of the officers working in detention duties had received the required training.

DPD remains in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement C76***

*The DPD shall provide all detention officers, supervisors and members of the Holding Cell Compliance Committee with annual training in the medical/mental health screening programs and policies. Such training shall include and address the following topics:*

- a. prisoner intake procedures and medical and mental health protocols, including protocols for transferring or housing prisoners with infectious diseases, disabilities and/or requiring increased monitoring;*
- b. recording, updating and transferring prisoner health information and medications*

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- c. *the prescription medication policy, including instructions on the storage, recording and administration of medications; and*
- d. *examples of scenarios faced by detention officers illustrating proper intake screening and action in response to information regarding medical and mental health conditions.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

This requirement addresses training to be afforded to all detention officers, supervisors, and members of the Holding Cell Compliance Committee. Since our random review of training files during this reporting period showed that 95% of the officers serving in detention duties received this training, we find DPD in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

***CJ Requirement C77***

*The DPD shall provide all detention officers, supervisors and members of the Holding Cell Compliance Committee with annual training in detainee safety programs and policies. Such training shall include and address the following topics:*

- a. *the security screening program, including protocols for identifying and promptly and properly housing suspected crime partners, vulnerable, assaultive or special management prisoners;*
- b. *protocols for performing, documenting and obtaining supervisory review of holding cell checks;*
- c. *protocols concerning prisoners in observation cells, including protocols for direct and continual supervision, for spotting potential suicide hazards and providing appropriate clothing; and*
- d. *examples of scenarios faced by detention officers illustrating appropriate security screening, segregation and monitoring techniques.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

This requirement addresses training to be afforded to all detention officers, supervisors, and members of the Holding Cell Compliance Committee. Since our random review of training files during this reporting period showed that 95% of the officers serving in detention duties received this training, we find DPD in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

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Phase 2: In Compliance

***CJ Requirement C78***

*The DPD shall provide all detention officers, supervisors and members of the Holding Cell Compliance Committee with annual training in environmental health and safety and hygiene. Such training shall include and address the following topics:*

- a. *cell block cleaning and maintenance protocols; and*
- b. *sanitary food preparation and delivery protocols.*

**Comments:**

The DPD is in Phase 1 compliance with this paragraph. See Appendix B.

This requirement addresses training to be afforded to all detention officers, supervisors, and members of the Holding Cell Compliance Committee. Since our random review of training files during this reporting period showed that 95% of the officers serving in detention duties received this training, we find DPD in Phase 2 compliance with this paragraph.

**Compliance Status:**

Phase 1: In Compliance

Phase 2: In Compliance

¶	Requirements	Phase 1 – Policy	Phase 2 - Implementation
73	Pre-service and in-service training	In Compliance	In Compliance
74	Maintain records training	In Compliance	In Compliance
75	Emergency preparedness training	In Compliance	In Compliance
76	Medical/mental health training	In Compliance	In Compliance
77	Detainee safety programs training	In Compliance	In Compliance
78	Environmental, safety, and hygiene training	In Compliance	In Compliance

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## **APPENDIX A: Use of Force – Directives/Policies**

<b>USE OF FORCE POLICY</b>	
14	DPD Directive 304.2, Use of Force, effective March 19, 2012; and Training Directive 04-7, Use of Force, effective November 21, 2005.
15	DPD Directive 304.2, Use of Force, effective March 19, 2012; and Training Directive 04-3, Use of Force Continuum, effective May 9, 2005.
16	See paragraph #15 above.
17	DPD Directive 304.2, Use of Force, effective March 19, 2012; and Training Directive 04-7, Use of Force, effective November 21, 2005.
18	DPD Directive 304.2, Use of Force, approved by DOJ April 14, 2005, effective March 19, 2012.
19	DPD Directive 304.2, Use of Force, effective March 19, 2012; and Training Directive 04-7, Use of Force, effective November 21, 2005.
20	DPD Directive 304.1, Firearms, effective August 4, 2011 which replaced DPD Directive 304.1, effective November 2010; and Directive 304.5, Training, effective May 13, 2011.
21	DPD Directive 304.1, Firearms, effective August 4, 2011, which replaced DPD Directive 304.1, effective November 2010, and in Directive 304.5, Training, effective May 13, 2011.
22	DPD Directive 304.1, Firearms, effective May 2, 2005 (revised November 1, 2010, and August 4, 2011).
23	See paragraph #22 above. Also, Directive 304.5, Training, effective May 13, 2011.
24	DPD Directive 304.2, Use of Force, effective March 19, 2012; DPD Directive 304.4, PR 24 Collapsible Baton, effective July 1, 2008 (revised November 1, 2010); and Training Directive 04-3, Use of Force Continuum, effective May 9, 2005.
25	DPD Directive 304.2, Use of Force, effective March 19, 2012; DPD Directive 304.3, Chemical Spray Device, effective July 2, 2008 (revised November 1, 2010); and Training Directive 04-7, Use of Force/Detainee Injuries or Allegations of Injuries Reporting and Investigating, effective November 21, 2005.
26	See paragraph #25 above.
<b>INCIDENT DOCUMENTATION, INVESTIGATION, AND REVIEW</b>	
27	DPD Directive 304.2, Use of Force, effective March 19, 2012; 102.4, Discipline/Misconduct Investigations, effective May 2, 2012; DPD Directive 102.6 Citizens Complaints, effective July 1, 2008 (revised November 2010); Training Directive 04-7, Use of Force, effective November 21, 2005; Training Directive 04-4, Garrity Protocol, effective February 9, 2006 (revised October 24, 2009); Office of the Chief Investigator, Standard Operating Procedure, July 1, 2010; and Internal Affairs Standard Operating Procedure, January 2011.
28	DPD Directive 304.2, Use of Force, effective March 19, 2012; DPD Directive 102.4, Discipline/Misconduct Investigations, effective May 2, 2012; and Training Directive 04-7, Use of Force, effective November 21, 2005.
29	DPD Directive 304.2, Use of Force, effective March 19, 2012; DPD Directive 102.4, Discipline/Misconduct Investigations, effective May 2, 2012; DPD Directive 203.3, Notifications, effective February 22, 2012; Training Directive 04-4, Garrity Protocol, effective February 9, 2006 (revised October 24, 2009); Training Directive 04-7, Use of Force, effective November 21, 2005; Internal Affairs Standard Operating Procedure, (January 2011); and Office of the Chief Investigator

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	Standard Operating Procedure (July 1, 2010).
30	See paragraph #29 above.
31	Training Directive 04-4, Garrity Protocol, dated February 9, 2006 (revised October 24, 2009).
32	DPD Directive 304.2, Use of Force, effective March 19, 2012; DPD Directive 102.4, Discipline/Misconduct Investigations, effective May 2, 2012; Training Directive 04-4, Garrity Protocol, effective February 9, 2006 (revised October 24, 2009); Training Directive 04-7, Use of Force, effective November 21, 2005; Internal Affairs Standard Operating Procedure (January 2011); and Office of the Chief Investigator Standard Operating Procedure (July 1, 2010).
33	See paragraph #32 above.
34	DPD Directive 304.2, Use of Force, effective March 19, 2012; DPD Directive 304.1, Firearms, effective May 2, 2005 and revised August 4, 2011; and Training Directive 04-7, Use of Force, effective November 21, 2005; Training Directive 11-01, Reporting/Documenting The "Acquiring of a Target" effective August 4, 2011, Training Directive 11-01a, Reporting/Documenting The "Acquiring of a Target" Audio/Video Review of the Incident, effective April 11, 2012
35	See paragraph #34 above and DPD Directive 203.3, Notifications, effective February 22, 2012.
36	See paragraph #34 above.
37	See paragraph #34 above. Also DPD Joint Incident Shooting Team Standard Operating Procedures and DPD Training Directive 04-07, Use of Force/Detainee Injuries or Allegations of Injuries Reporting and Investigating, effective November 21, 2005.
38	See paragraph #37 above.
39	DPD Special Order 09-13, Command Level Force Review Team (CLFRT) dated March 2, 2009, replaced with DPD Special Order 11-02, effective January 1, 2011; and DPD Directive 101.9, Special Purposes Committees, effective February 22, 2012.
40	See paragraph #39 above.
41	See paragraph #39 above.
<b>ARREST AND DETENTION POLICIES AND PRACTICES</b>	
42	DPD Directive 202.1, Arrests, effective July 1, 2008, and revised November 2010.
43	See paragraph #42 above.
44	See paragraph #42 above (202.1); 202.2, Search and Seizure, effective May 2, 2005; revised November 2010; 203.9, Custodial Questioning, effective November 20, 2010; and 404.1, Definitions, effective November 20, 2010.
45	See paragraph #42 above.
46	DPD Directive 203.9, Custodial Questioning, effective July 1, 2008, and revised November 20, 2010.
47	See paragraph #46 above.
48	See paragraph #46 above.
49	DPD Directive 202.1, Arrests, effective July 1, 2008, and revised November 20, 2010.
50	See paragraph #49 above.
51	See paragraph #49 above.
52	DPD Directive 305.2, Detainee Registration, and effective September 12, 2005.

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53	See paragraph #52 above.
54	See paragraph #52 above.
55	See paragraph #52 above.
56	DPD Directives 202.1, Arrests, effective July 1, 2008 (revised November 20, 2010) and 305.2, Detainee Registration, effective September 12, 2005. Also Training Directive #04-01, Confinement of Material Witness, effective March 1, 2005.
57	See paragraph #56 above.
58	See paragraph #56 above.
59	See paragraph #56 above.
60	DPD Directive 202.1, Arrests, effective July 1, 2008 (revised November 20, 2010); and DPD Directive 305.4, Holding Cell Areas, effective May 9, 2005 (revised March 3, 2010).
<b>EXTERNAL COMPLAINTS</b>	
61	DPD Directive 102.6, Citizen Complaints, effective July 1, 2008 (revised November 2010); IAD Standard Operating Procedures, Sections 1 and 3 (January 2011); and OCI Standard Operating Procedure, effective July 24, 2003 (revised April 29, 2004, and July 1, 2010).
62	Office of the Chief Investigator Standard Operating Procedures, effective July 24, 2003 (revised April 29, 2004, and July 1, 2010).
63	DPD Directive 102.6, Citizen Complaints, effective July 1, 2008 (revised November 2010).
64	See paragraph #61 above. Also see DPD Directive 102.6.
65	See paragraph #63 above.
66	See paragraph #61 above.
67	See paragraph #61 above.
68	See paragraph #65 above.
69	See paragraph #61 above. Also DPD Directive 102.4, Discipline/Misconduct Investigations, effective July 1, 2008; and Training Directive 04-4 Garrity Protocol, effective February 9, 2006 (revised October 24, 2009).
<b>GENERAL POLICIES</b>	
70	DPD Directives 101.1, Directive System, effective July 1, 2008 (revised November 1, 2010) and 404.1, Definitions, effective July 1, 2008 (revised November 1, 2010).
71	DPD Directive 101.1, Directive System, effective July 1, 2008 (revised November 1, 2010). The DPD also utilizes a Protocol for Proposed Policy Revisions; an SOP outlining procedures for posting proposed policies to the website; and a flow chart (Visio-DPD Policy Flow Chart) that tracks the movements of proposed policy revisions through the Department and public review.
72	DPD Directive 102.3, Code of Conduct, effective November 1, 2009 (revised November 1, 2010).
73	On November 6, 2007, the DPD agreed to a 1:10 ratio of supervisors to officers in patrol and specialized units. <sup>47</sup> Also Directive 101.10, Organization and Management, effective March 30, 2011.

<sup>47</sup> Section I, Paragraph of the UOF CJ defines a supervisor as a sworn DPD employee at the rank of sergeant or above and non-sworn employees with oversight responsibility for DPD employees.

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74	DPD Directive 102.3, Code of Conduct, effective November 1, 2009 (revised November 1, 2010).
75	See paragraph #74 above. Also DPD Directive 304.1, Firearms, effective May 2, 2005 (revised November 1, 2010 and August 4, 2011).
76	Directives 305.4, Holding Cell Areas, effective May 9, 2005 (revised effective March 1 2010 and 305.7, Transportation of Detainees, effective February 29, 2012.
77	DPD Directive 202.7, Foot Pursuits, effective July 1, 2008 (revised November 1, 2010).
<b>MANAGEMENT AND SUPERVISION</b>	
78	DPD Directive 401.13, Management Awareness System, effective November 6, 2008 (revised November 1, 2010).
79	See paragraph #78 above.
80	See paragraph #78 above.
81	See paragraph #78 above. Also see the DPD Data Input Plan, approved by the Department of Justice, June 9, 2011.
82	See paragraph #81 above.
83	See paragraph #78 above.
84	See paragraph #78 above.
85	See paragraph #78 above.
86	See paragraph #81 above.
87	See paragraph #78 above.
88	See paragraph #78 above.
89	See paragraph #78 above.
90	See paragraph #81 above.
91	DPD Directive 401.2, Performance Evaluation Ratings, effective July 1, 2008 (revised November 1, 2010).
92	DPD Audit Protocol, effective September 30, 2011. Annual revision required.
93	See paragraph #92 above.
94	See paragraph #92 above.
95	See paragraph #92 above.
96	See paragraph #92 above.
97	See paragraph #92 above.
98	DPD Directive 303.3, In-Car Video, effective March 8, 2012.
99	DPD Directive 304.5 Training, effective May 13, 2011.
100	DPD Directive 303.3, In-Car Video, effective March 8, 2012.
101	See paragraph #100 above. Also, Teletype #11-1468, Roll Call Informational Bulletin, Use of Department Issued In-Car Video Equipment and Body Microphones.
102	See paragraph #100 above.



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103	DPD Directive 102.4, Discipline/Misconduct Investigations, effective July 1, 2008 (revised November 1, 2010) and the related DPD Discipline Matrix (DPD22a).
104	See paragraph #103 above.
105	See paragraph #103 above.
<b>TRAINING</b>	
106	DPD Directive 304.5, Training, effective May 13, 2011.
107	See paragraph #106 above.
108	See paragraph #106 above.
109	See paragraph #106 above.
110	See paragraph #106 above.
111	See paragraph #106 above.
112	See paragraph #106 above.
113	See paragraph #106 above. Also Directive 304.1, Firearms, effective August 4, 2011.
114	See paragraph #106 above.
115	See paragraph #106 above.
116	See paragraph #106 above.
117	See paragraph #106 above.
118	See paragraph #106 above.
119	See paragraph #106 above.
120	See paragraph #106 above.
121	See paragraph #106 above.
122	See paragraph #106 above.
123	See paragraph #106 above.

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## **APPENDIX B: Conditions of Confinement – Directives/Policies**

<b>FIRE SAFETY POLICIES</b>	
14	DPD Comprehensive Emergency Preparedness Plan (CEPP), which includes a Fire Safety Plan (FSP) requiring compliance with the Life Safety Code and inspections. The FSP was approved by DOJ on May 23, 2006. The Fire Marshal reviews the FSP annually; the last review was conducted on November 29, 2010. Also, DPD Directive 305.4, Holding Cell Areas, effective April 21, 2011.
15	See paragraph #14 above.
16	See paragraph #14 above.
17	See paragraph #14 above.
18	See paragraph #14 above.
19	See paragraph #14 above.
20	See paragraph #14 above.
21	See paragraph #14 above.
22	See paragraph #14 above.
<b>EMERGENCY PREPAREDNESS POLICIES</b>	
23	DPD Comprehensive Emergency Preparedness Plan (CEPP), effective May 2011 and DPD Directive 305.4, effective April 21, 2011.
24	See paragraph #23 above.
25	See paragraph #23 above.
<b>MEDICAL AND MENTAL HEALTH CARE POLICIES</b>	
26	DPD Directives 305.1, Detainee Intake Assessment; effective May 2, 2012; 305.5, Detainee Health Care and; effective February 22, 2012; 403.2, Infectious Disease Control Plan, effective February 29, 2012, reviewed and updated by a qualified health care professional on February 17, 2012 and February 29, 2012 as required. DPD Directive 305.5 cited above along with forms and logs, comprises the Comprehensive Medical and Mental Health Screening program (CMMHSP).
27	See paragraph #26 above (DPD 305.5).
28	See paragraphs #26.
29	See paragraph #26 above (DPD 305.1).
30	See paragraph #26 above (DPD 403.2).
31	See paragraph #26 above (DPD 305.5).
32	See paragraph #26 above (DPD 305.5).
33	See paragraph #26 above (DPD 305.1)
34	See paragraph #26 above.
<b>PRISONER SAFETY POLICIES</b>	
35	DPD Directives 305.1, Detainee Intake, effective May 2, 2012; Directive 305.2, Detainee Registration; Directive 305.3, Detainee Personal Property, effective May 20, 2010 (revised November 3, 2011); DPD Directive 305.4, Holding Cell Areas, effective February 1, 2008, and revised September 30, 2011; Directive 305.5, Detainee Health Care, effective February 22, 2012; Directive

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	305.7, Transportation of Detainees; effective February 29, 2012 and Directive 305.8, Detainee Food Service and Hygiene, effective May 2, 2012.
36	See paragraph #34 above (DPD 305.1)
37	See paragraph #34 above (DPD 305.4).
38	See paragraph #34 above (DPD 305.1 and 305.4).
<b>ENVIRONMENTAL HEALTH AND SAFETY POLICIES</b>	
39	DPD Directive 305.4, Holding Cell Areas, effective February 1, 2008 (revised September 30, 2011). Annual review and revision required.
40	See paragraph #39 above.
41	See paragraph #39 above.
42	See paragraph #39 above.
43	See paragraph #39 above.
44	See paragraph #39 above.
45	See paragraph #39 above.
46	See paragraph #39 above.
<b>POLICIES CONCERNING PERSONS WITH DISABILITIES</b>	
47	DPD Directives 305.1, Detainee Intake and Assessment, effective May 2, 2012 February 29, 2012; and 305.5, Detainee Health Care, effective February 22, 2012, approved and updated by a qualified medical and mental health professional on February 17, 2012 and February 29, 2012. Also the Comprehensive Medical and Mental Health Screening Program (CMMHSP).
48	See paragraph #47 above (DPD Directive 305.1).
<b>FOOD SERVICE POLICIES</b>	
49	DPD Directive 305.8, Detainee Food Service, effective May 2, 2012. Also, the Detainee Meal and Hygiene Items Log, DPD 663, effective July 5, 2010.
50	See paragraph #49 above.
<b>PERSONAL HYGIENE POLICIES</b>	
51	See paragraph #49 above.
<b>USE OF FORCE AND RESTRAINTS POLICIES</b>	
52	DPD Directives 305.4, Holding Cell Areas, effective May 9, 2005 (revised March 1, 2010) and 304.2, Use of Force, effective March 19, 2012.
53	See paragraph #52 above.
54	See paragraph #52 above.
<b>INCIDENT DOCUMENTATION, INVESTIGATION AND REVIEW</b>	
55	DPD Directives 304.2, Use of Force, effective March 19, 2012; and 305.4, Holding Cell Areas, effective May 9, 2005 (revised March 1, 2010).
56	See paragraph 55 above. Also DPD Directive 304.2, Use of Force, effective March 19, 2012.
57	See paragraph #55 above.

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<b>EXTERNAL COMPLAINTS</b>	
58	See paragraph #55 above. Also see DPD Directive 102.6, Citizen Complaints, effective July 1, 2008 (revised November 2010).
59	See paragraph #58 above.
<b>GENERAL POLICIES</b>	
60	DPD Directive 404.1, Definitions, effective November 2010.
61	DPD Directive 101.1, Written Directive System, effective November 2010.
<b>MANAGEMENT AND SUPERVISION</b>	
62	DPD Directive 305.4, Holding Cell Areas, effective May 9, 2005 (revised April 21, 2011).
63	DPD Directive 401.13, Management Awareness System, effective November 6, 2008 (revised November 1, 2010); DPD Directive 401.2, Performance Evaluation Ratings, effective July 1, 2008 (revised November 1, 2010); and DPD Audit Protocol, effective September 30, 2011.
64	See paragraph #62 above.
65	DPD Audit Protocol meeting generally accepted government auditing standards (GAGAS), effective August 31, 2008 (revised October 31, 2010 and September 11, 2011).
66	See paragraph #65 above.
67	See paragraph #65 above.
68	See paragraph #65 above.
69	See paragraph #65 above.
70	See paragraph #65 above.
71	See paragraph #65 above.
72	See paragraph #65 above.
<b>TRAINING</b>	
73	Directive 304.5, Training, effective May 13, 2011.
74	See paragraph #73 above.
75	See paragraph #73 above.
76	See paragraph #73 above.
77	See paragraph #73 above.
78	See paragraph #73 above.

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**APPENDIX C: Acronyms***The following is a listing of acronyms frequently used in our quarterly reports.*

<b>ACRONYM</b>	<b>DEFINITION</b>
AT	Audit Team
BOPC	Board of Police Commissioners
CAM	Command Accountability Meeting
CBS	Cell Block Supervisor
CCR	Citizen Complaint Report
CDDT	Curriculum Design and Development Team
CEPP	Comprehensive Emergency Preparedness Program
CFD	Critical Firearm Discharge
CI	Chief Investigator
City	City of Detroit
CJ	Consent Judgment
CLBR	Command Level Board of Review
CLFRT	Command Level Force Review Team
CLO	Compliance Liaison Officer
CLI	Command Level Investigation
CME	Confidential Medical Envelope
CMMHSP	Comprehensive Medical and Mental Health Screening Program
CO	Commanding Officer
COC CJ	Conditions of Confinement Consent Judgment
CRIB	Civil Rights Integrity Bureau
DCCL	Detention Cell Check Log
DDHWP	Detroit Department of Health and Wellness Program
DDMHIL	Daily Detainee Meal and Hygiene Items Log
DFD	Detroit Fire Department
DFE	Detainee File Folders
DFO/PDO	Detention Facility Officer
DDHWP	Detroit Department of Health and Wellness Promotion

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DIF	Detainee Intake Form
DOJ	Department of Justice
DPD	Detroit Police Department
DRH	Detroit Receiving Hospital
EPP	Emergency Preparedness Program
ERP	Emergency Response Plan
FI	Force Investigations ( <i>interchangeable with FIS</i> )
FIS	Force Investigation Section
FSP	Fire Safety Program
FSPP	Fire Safety Practices and Policies
FY	Fiscal Year
GAS	Government Auditing Standards
HCCC	Holding Cell Compliance Committee
IA	Internal Affairs
IAD	Internal Affairs Division
IMAS	Interim Management Awareness System
ITS	Information Technology Services
JIST	Joint Incident Shooting Team
MAS	Management Awareness System
MCOLES	Michigan Commission on Law Enforcement Standards
MITN	MCCOLES Information and Tracking System
OCI	Office of the Chief Investigator
OCR	Office of Civil Rights
OIC	Officer in Charge
PDDSL	Platoon Daily Detainee Summary Log
PDO	Police Detention Officer
PEERS	Performance Evaluation and Enhancement Review Session
PFC	Policy Focus Committee
PI	Performance Indicator
PSA	Public Service Announcement
RFP	Request for Proposals
RMB	Risk Management Bureau

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SIR	Supervisor's Investigation Report
SME	Subject Matter Expert
SMT	Senior Management Team
SOP	Standard Operating Procedure(s)
TA	Technical Assistance
UOF CJ	Use of Force and Arrest and Witness Detention Consent Judgment
UOF	Use(s) of Force
USAO	United States Attorney's Office
WCPO	Wayne County Prosecutor's Office
WCJ	Wayne County Jail



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## **APPENDIX D: Monitoring Team**

**Robert S. Warshaw**, *Monitor*

**Chief (Ret.) Charles D. Reynolds**, *Deputy Monitor*

### **Lieutenant Colonel (Ret.) J. Rick Brown**

Evaluates compliance with U16-17 and U19, General Use of Force Policy; U22, Use of Firearms Policy; U24, Intermediate Force Device Policy; U25-26, Chemical Spray Policy; U27-33, General Investigations of Police Action; U34-36, Use of Force and Prisoner Injury Investigations; and U37-41, Review of Critical Firearm Discharges and In-Custody Deaths.

### **Division Chief (Ret.) Rachel M. Burgess**

Evaluates compliance with U27-33, General Investigations of Police Action; U34, Use of Force and Prisoner Injury Investigations; U61-63, External Complaints; U64-66, Intake and Tracking; and U67-69, External Complaint Investigations; C14-22, Fire Safety Policies; C23-25, Emergency Preparedness Policies; C60-61, General Policies; and C65-72, Management and Supervision.

### **Commander (Ret.) John M. Girvin**

Evaluates compliance with U27-33, General Investigations of Police Action; U34, Use of Force and Prisoner Injury Investigations; U61-63, External Complaints; U64-66, Intake and Tracking; U67-69, External Complaint Investigations; and C58-59, External Complaints.

### **Chief (Ret.) Eduardo Gonzalez**

Evaluates compliance with U14-19, General Use of Force Policy; U22, Use of Firearms Policy; U24, Intermediate Force Device Policy; U25-26, Chemical Spray Policy; U27-33, General Investigations of Police Action; U34-36, Use of Force and Prisoner Injury Investigations; and U70-72 and U74-77, General Policies.

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**John M. Klofas, Ph.D.**

Evaluates compliance with U78-90, Risk Management Database; U91, Performance Evaluation System; U92-97, Oversight; and U103-105, Discipline.

**Leonard F. Rice, M.E.S., R.S.**

Evaluates compliance with C39-46, Environmental Health and Safety Policies; C47-48, Policies Concerning Persons with Disabilities; C49-50, Food Service Policies; and C51, Personal Hygiene Policies.

**Chief (Ret.) Billy R. Riggs**

Evaluates compliance with U42-43, Arrest Policies; U44-45, Investigatory Stop Policies; U46-48, Witness Identification and Questioning Policies; U49-51, Prompt Judicial Review Policies; U52-53, Hold Policies; U54-55, Restriction Policies; U56-57, Material Witness Policies; U58, Documentation of Custodial Detention; U59-60, Command Notification; C26-34, Medical and Mental Health Care Policies; and C64, Management and Supervision Policies.

**Asst. Director (Ret.) Joseph R. Wolfinger**

Evaluates compliance with U20-21 and U23, Use of Firearms Policy; U98-99, Oversight; U100-102, Use of Video Cameras; U106-111, Oversight and Development; U112, Use of Force Training; U113, Firearms Training; U114, Arrest and Police-Citizen Interaction Training; U115-117, Custodial Detention Training; U118-120, Supervisory Training; U121-122, Investigator Training; and U123, Field Training.

**Robin Busch-Wheaton**

*Editor*

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**APPENDIX E: Detroit Police Department Management Dashboard Data**

The table below presents data on measures relevant to the requirements set forth in the Consent Judgments. The data were compiled by the Detroit Police Department, and are displayed for presentation by the Monitoring Team. These data are presented here with the consent of the Police Department and serve simply as a means to provide information relevant to issues raised in the Consent Judgments.

Dashboard Data: Detroit Police Department 7/11-6/12												
July	August	Sept	Oct	Nov	Dec	Jan-12	Feb	March	April	May	June	12 month graph
2673	3196	2725	2940	2553	2403	2503	1749	1984	1926	2294	1960	
Number of Events per 1000 Arrests												
34.42	35.98	26.06	40.14	25.46	29.55	23.17	46.31	49.40	63.86	64.08	32.65	
0.75	0.94	0.73	1.70	0.00	0.42	1.20	1.14	1.51	0.52	2.62	0.51	
30.68	40.68	34.86	37.07	31.73	30.79	39.55	46.31	46.37	32.19	44.03	35.20	
4.86	3.75	3.30	3.40	5.88	4.16	6.39	5.15	9.07	4.67	6.10	6.63	
2.99	0.00	0.00	2.72	5.88	4.58	4.00	1.14	6.55	4.15	4.36	0.00	
22.07	12.20	12.48	8.16	14.49	8.32	5.99	8.58	9.07	8.31	5.23	6.12	
4.49	3.13	5.50	7.14	3.53	4.99	7.19	16.01	12.10	1.56	3.92	1.53	
7.48	4.38	6.61	4.76	5.48	3.33	3.20	9.15	9.58	8.83	14.39	7.65	
10.10	15.64	10.28	17.01	10.58	9.16	9.59	21.73	19.66	21.81	20.49	15.82	
5.99	2.19	3.30	5.10	2.74	2.08	3.20	1.14	2.02	3.12	7.41	4.08	
2.24	3.75	1.47	2.04	1.57	0.42	1.20	0.57	0.50	1.56	3.49	2.55	
25.81	25.97	21.65	28.91	20.37	14.98	17.18	32.59	31.75	35.31	45.77	30.10	