



## **OREGON HOMICIDE INVESTIGATORS ASSOCIATION**

### **OFFICER INVOLVED SHOOTING INVESTIGATION REFERENCE GUIDE**

This is a reference and only for training purposes.



#### **INVESTIGATORS AND SUPERVISORS:**

Case Detective: \_\_\_\_\_ Phone: \_\_\_\_\_

Case Detective: \_\_\_\_\_ Phone: \_\_\_\_\_

Case Sergeant: \_\_\_\_\_ Phone: \_\_\_\_\_

Major Crimes Unit Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Command Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Deputy District Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

DDA Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **Union Representatives and Attorney(s):**

Union Representative(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Union Representative(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Union Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

Defense Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **Peer Support Team Member(s):**

Deputy/Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Deputy/Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Shooting scene location(s) and description:**


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**Vehicles involved:**

Make/Model: \_\_\_\_\_ License Plate: \_\_\_\_\_

Make/Model: \_\_\_\_\_ License Plate: \_\_\_\_\_

Make/Model: \_\_\_\_\_ License Plate: \_\_\_\_\_

Make/Model: \_\_\_\_\_ License Plate: \_\_\_\_\_

**Incident Information:**

Does dash camera video of the incident exist?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If Yes, Detective(s) who recovered recording: \_\_\_\_\_

Does body vest camera video of the incident exist?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If Yes, Detective(s) who recovered recording: \_\_\_\_\_

Canvas for surveillance/cell phone recordings was conducted by? \_\_\_\_\_

Were surveillance/cell phone recordings recovered/entered? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Recordings collected/entered by Detective(s): \_\_\_\_\_

Radio Dispatch recording: Yes: \_\_\_\_\_ No: \_\_\_\_\_ 911 Call recording: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Recordings collected/entered by Detective(s): \_\_\_\_\_

NOTES: \_\_\_\_\_

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**Shooting Scene Location:****Detective(s)/Criminalist(s):**

Name/Rank: \_\_\_\_\_

Name/Rank: \_\_\_\_\_

Name/Rank: \_\_\_\_\_

Name/Rank: \_\_\_\_\_

FARO or Total Station Imaging of scene: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If Yes, by whom? \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

DRONE Video/Photo of the scene: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If Yes, by whom? \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

Video(s) of scene by: \_\_\_\_\_ Photos of scene by: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Non-digital media evidence collection by: \_\_\_\_\_

(This evidence collection includes, but is not limited to: firearms, ammunition, casings, trace evidence, blood evidence, clothing, etc. only on scene.)

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **OIS Firearm/Uniform/Equipment Evidence Information Sheet**

Photos will be completed by investigators in the exact uniform or clothing worn by the involved officer at the time of the incident. These photos are only used to document appearance and are evidence- not for media release during the course of the investigation.

Deputy/Officer:\_\_\_\_\_ Union Representative Present:\_\_\_\_\_

Begin processing date/time:\_\_\_\_\_ End processing date/time:\_\_\_\_\_

PHOTOS TAKEN OF OFFICER (360 DEGREES): YES/NO, taken by whom?\_\_\_\_\_

Were any injuries, or signs of a struggle noted on officer or uniform? Yes:\_\_\_\_\_ No:\_\_\_\_\_

If Yes, summarize the injuries or observations: \_\_\_\_\_

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### **Firearm Information:**

Type of Firearm #1:

Duty Handgun:\_\_\_\_\_ Duty Rifle:\_\_\_\_\_ Secondary Firearm:\_\_\_\_\_ Other Firearm:\_\_\_\_\_

Make:\_\_\_\_\_ Model:\_\_\_\_\_ Caliber:\_\_\_\_\_

Serial #:\_\_\_\_\_ Carry Method:\_\_\_\_\_

Agency Issue:\_\_\_\_\_ Agency Authorized: Yes:\_\_\_\_\_ No:\_\_\_\_\_

Firearm accessories, if any (lights, laser sights, optics):\_\_\_\_\_

- PHOTO OF FIREARM IN UNALTERED STATE (IF POSSIBLE):

YES/NO, taken by whom?\_\_\_\_\_

- PHOTO OF FIREARM WITH MAGAZINE REMOVED and CHAMBERED ROUND:

YES/NO, taken by whom?\_\_\_\_\_

EXAMPLE- FOR TRAINING PURPOSES ONLY

- PHOTO OF FIREARM WITH MAGAZINE UNLOADED, ALL ROUNDS FROM MAGAZINE and CHAMBERED ROUND:

YES/NO, taken by whom? \_\_\_\_\_ Round Count: \_\_\_\_\_

- PHOTO(S) OF ADDITIONAL MAGAZINES:

YES/NO, taken by whom? \_\_\_\_\_

- PHOTOS OF MAGAZINES AND THE ROUNDS CONTAINED IN EACH:

YES/NO, taken by whom? \_\_\_\_\_ Round Count(s): \_\_\_\_//\_\_\_\_//\_\_\_\_//\_\_\_\_

Notes: \_\_\_\_\_

Did a magazine change occur during the shooting? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Unknown: \_\_\_\_\_

If a magazine change did occur, was there more than one magazine change? Yes: \_\_\_\_\_ No: \_\_\_\_\_

How many magazine changes total occurred (if known)? \_\_\_\_\_

At the time of the inspection of the firearm, was there a round chambered in the firearm? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If Yes, what type of round (brand)? \_\_\_\_\_

Was there a primary mag removed and secondary mag seated? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Unknown: \_\_\_\_\_

Magazine removed at inspection of firearm by Detective: \_\_\_\_\_

How many rounds were in the seated magazine in the firearm? \_\_\_\_\_

How many rounds are carried in the primary magazine (duty carry)? \_\_\_\_\_

What is the capacity of each magazine? \_\_\_\_\_//\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

How many magazines were carried by the officer? \_\_\_\_\_

**Total Rounds?** \_\_\_\_\_

**ONLY IF APPLICABLE**, additional firearms of officer:

Type of Firearm #2:

Duty Handgun:\_\_\_\_\_ Duty Rifle:\_\_\_\_\_ Secondary Firearm:\_\_\_\_\_ Other Firearm:\_\_\_\_\_

Make:\_\_\_\_\_ Model:\_\_\_\_\_ Caliber:\_\_\_\_\_

Serial #:\_\_\_\_\_ Carry Method:\_\_\_\_\_

Agency Issue:\_\_\_\_\_ Agency Authorized: Yes:\_\_\_\_\_ No:\_\_\_\_\_

Firearm accessories, if any (lights, laser sights, optics):\_\_\_\_\_

Type of Firearm #3:

Duty Handgun:\_\_\_\_\_ Duty Rifle:\_\_\_\_\_ Secondary Firearm:\_\_\_\_\_ Other Firearm:\_\_\_\_\_

Make:\_\_\_\_\_ Model:\_\_\_\_\_ Caliber:\_\_\_\_\_

Serial #:\_\_\_\_\_ Carry Method:\_\_\_\_\_

Agency Issue:\_\_\_\_\_ Agency Authorized: Yes:\_\_\_\_\_ No:\_\_\_\_\_

Firearm accessories, if any (lights, laser sights, optics):\_\_\_\_\_

Type of Firearm #4:

Duty Handgun:\_\_\_\_\_ Duty Rifle:\_\_\_\_\_ Secondary Firearm:\_\_\_\_\_ Other Firearm:\_\_\_\_\_

Make:\_\_\_\_\_ Model:\_\_\_\_\_ Caliber:\_\_\_\_\_

Serial #:\_\_\_\_\_ Carry Method:\_\_\_\_\_

Agency Issue:\_\_\_\_\_ Agency Authorized: Yes:\_\_\_\_\_ No:\_\_\_\_\_

Firearm accessories, if any (lights, laser sights, optics):\_\_\_\_\_

**Weapon Exchange:**

The weapon will be taken as evidence. If the weapon is an agency issued handgun, a replacement handgun will be issued immediately. Other weapons, such as long guns and personally owned handguns, will be handled on a case-by-case basis. The original weapon will be returned to the officer, as soon as is practical in the course of the investigation.

Weapon to be replaced:      Make:\_\_\_\_\_      Model:\_\_\_\_\_

Serial #\_\_\_\_\_

**Replacement weapon:** Make:\_\_\_\_\_      Model:\_\_\_\_\_

Serial #\_\_\_\_\_

Weapon replacement conducted by: Name/Rank:\_\_\_\_\_

Supervisor Name/Rank:\_\_\_\_\_

The deputy/officer will take the temporary replacement weapon and complete a function test, as soon as is practical, prior to any return to duty. The person below should be contacted to schedule this function test. This will not be a scored course of fire, only a function test. Once completed, the Detective Supervisor should be notified.

Point of contact for Deputies/Officer(s) Involved to schedule a range time with weapon when appropriate.

Name/Rank:\_\_\_\_\_      Phone:\_\_\_\_\_

**Other equipment that needs replacement (if necessary):**


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Notes:\_\_\_\_\_

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## **FOR TRAINING PURPOSES ONLY** **EXAMPLE DOCUMENT**



### **Communications Warning Order EXAMPLE:**

The purpose of this Communication Warning Order is to safeguard the integrity of the criminal investigation. A thorough investigation based on each individual's independent recall and perception will lend credibility to each member's testimony and the investigation as a whole. In following this theme, it is strongly recommended that those involved do not review media coverage or other outside information regarding this incident.

Regarding whom you may communicate with. You are hereby ordered not to speak or communicate with anyone inside or outside of the **XXXXX INVOLVED AGENCY**, other than those identified below, regarding any aspect of the above cited case. You may discuss this case with criminal investigators, Internal Affairs Unit investigators, **XXXXXXXX** District Attorney's Office assigned to the case, Deputy District Attorneys assigned to the case, your spouse, your clergy, your union representative and/or your attorney, as well as your medical and/or psychological professional.

During criminal investigations where the Critical Incident Response Team (CIRT) is involved, you may meet with the CIRT members. You should avoid directly discussing factual aspects of the incident with CIRT members, as the CIRT members are directed to steer the conversation away from the facts and focus instead on any emotional issues confronting you.

This Communication Warning Order will remain in effect until rescinded in writing, by order of the Sheriff, or his/her designee. The Rescindment Order will be signed as soon as practical after the Grand Jury has reviewed the case and rendered a decision. If no Grand Jury is held, the order will be rescinded as soon as the Detective Unit's investigation is completed. We will make every effort to rescind Communication Warning Orders as rapidly as possible, while respecting the necessity of maintaining the integrity of the investigation.

**I HAVE READ AND UNDERSTAND THIS ORDER.**

Deputy/Officer Involved Name/Rank: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Deputy/Officer Involved: \_\_\_\_\_

Supervisor Issuing Order Name/Rank: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Supervisor: \_\_\_\_\_

Witness Deputy/Officer to Issuance of Communications Warning Order:

Name/Rank: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_





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### **Administrative Leave Notification:**

The involved deputy/officer will be assigned administrative leave. The deputy/officer will report to the chain of command for instructions and follow-up information. The deputy/officer will be advised by the chain of command when the leave status changes. The deputy/officer is prohibited from working overtime shifts, or other off duty work, during this time. The deputy/officer is NOT prohibited from going to their work location, attending roll calls, meeting with coworkers, or going to agency gym facilities. Should any issues from this requirement arise for the officer, then the Detectives Supervisor should be contacted.

Deputy/Officer Involved Name/Rank: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Peer Support Member for Deputy/Officer: \_\_\_\_\_

Supervisor(s) issuing Administrative Leave notification:

Name/Rank: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Name/Rank: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Witness to Administrative Leave Notification:

Name/Rank: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_



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### **Media Attention Advisory**

#### **Media Attention Advisory to Deputies/Officer(s) Involved:**

The law enforcement agency may issue an immediate release of non-specific information about personnel involved and the incident to include: ages of the officers involved, ranks, assignments, time in service, and the time and location of the incident.

The name(s) of the deputies/officer(s) involved will not be release for at least twenty-four hours. Be aware that there are instances where this information is disclosed to the media by unauthorized sources prior to disclosure from the agency. The media may show up at the private residences of deputy/officer(s) involved. The media does not have any right to be on personal property without permission. Giving an interview or commenting to the media is not recommended, but if contact with the media occurs, it is advised to contact the Public Information Officer and a supervisor. If unlawful harassing by the media occurs, please report it to the Major Crimes Supervisor.

Family of the deputy/officer(s) involved should be advised that the news may cover this incident, and social media accounts of the deputy/officer(s) involved and family should take precautions to protect their privacy- such as temporarily deactivating accounts. Social media postings about the incident are not advised. If there are questions or concerns about social media issues, contact the Major Crimes Supervisor.

Advisory provided to: \_\_\_\_\_ Date: \_\_\_\_\_

Advisory provided to: \_\_\_\_\_ Date: \_\_\_\_\_

Advisory provided by (Name/Rank): \_\_\_\_\_ Date: \_\_\_\_\_



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### **COMMAND BRIEFING**

**Command Briefing of the OIS incident (12 hours or less after incident), DATE/TIME:** \_\_\_\_\_

As is practical for the investigation, within the first 12 hours of the incident, the case detectives will brief Command of the investigation details. The involved deputy/officer will NOT be involved with this briefing. This Command Briefing will provide information for preparation for any press conference or media statement.

Assigned to Detective(s):

Name/Rank: \_\_\_\_\_

Name/Rank: \_\_\_\_\_

Name/Rank: \_\_\_\_\_

Command Present for Brief:

Name/Rank: \_\_\_\_\_

Name/Rank: \_\_\_\_\_

Name/Rank: \_\_\_\_\_

Name/Rank: \_\_\_\_\_

Any others present: \_\_\_\_\_

\_\_\_\_\_