MARICOPA COUNTY SHERIFF'S OFFICE Bureau of Internal Oversight Audits and Inspections Unit



Incident Report Inspection – April 2022 Inspection Report# BI2022-0047

Background:

The Audits and Inspections Unit (AIU) of the Bureau of Internal Oversight (BIO) will conduct inspections of In-custody and Criminal Citation Incident Reports (IR's) on a monthly basis to determine if the IR's are in compliance with Office policy. For April 2022 the Court Monitors selected 40 Incident Reports obtained from all patrol district(s)/division(s).

A random sample of 20 In-custody and 20 Criminal Citation IRs was provided to MCSO by the Monitor Team, totaling 40 for inspection. In addition to the sample of 40 reports, there were $\underline{0}$ immigration investigation IRs, $\underline{0}$ lack of identity investigations IRs, and $\underline{0}$ County Attorney Turndowns where the prosecutor indicated they declined prosecution due to a lack of probable cause.

The purpose of the IR inspection is to determine compliance with Office policies, Federal and State laws and to promote proper supervision. To achieve this, inspectors will review all IR's. The IR's will be uniformly inspected employing a matrix developed by the Bureau of Internal Oversight. The following procedures will be used in the matrix, which includes, but are not limited to, EA-11, CP-2, CP-8, GF-5, GE-3, GJ-35, EB-1:

Matrix Procedures:

- > Verify the report was submitted prior to the end of the deputy's shift
- Verify the supervisor reviewed report within policy timelines
- > Look for indicia contained in the report and/or forms that the report is not authentic or correct
- > Ensure there was a proper investigation of any/all allegations concerning a crime
- Determine if there was a physical arrest/booking
- Determine if there was a citation in lieu of detention/booking (cite and release)
- Verify any applicable charges were submitted in a timely manner, not to exceed the statute of limitations
- Evaluate whether there was reasonable suspicion/probable cause for any noted searches
- Ensure the reason for any search conducted was properly documented
- > Determine if the report contained all the required element(s) of the crime for each charge listed
- > Ensure the report contains articulation of the legal basis for the action
- Verify the report properly articulates reasonable suspicion/probable cause
- Determine if there was reasonable suspicion/probable cause for any investigative detentions to include traffic stops and field contacts
- Determine if boilerplate and/or conclusory language was used
- > Verify the information contained in the report is consistent/accurate throughout
- Look for indicia of bias-based and/or racial profiling
- > Determine if the use or non-use of body-worn cameras was documented in the report
- Ensure that any/all property and/or evidence was processed and documented within MCSO policy guidelines
- > Ensure all identity theft or lack of identity document reports note supervisor notification
- > Ensure all immigration investigation reports document supervisor notification
- > Ensure all lack of identification detention/arrest reports documented supervisor notification
 - > Determine if the report was memorialized (IMF) by a supervisor in accordance with policy
 - Determine if documentation was discovered for an IMF indicating there was a command-level review of the supervisor's action within 14 days

- Verify suspects were provided with a Miranda Warning when required
- > Evaluate whether there are any perceived violations of Constitutional Rights/Civil Liberties
- Evaluate whether there are any other perceived violations of Office Policy
- > Determine if there was a need to review or correct Office policy, strategy, tactics, or training
- > Each incident report inspected will be counted as one inspection

Criteria:

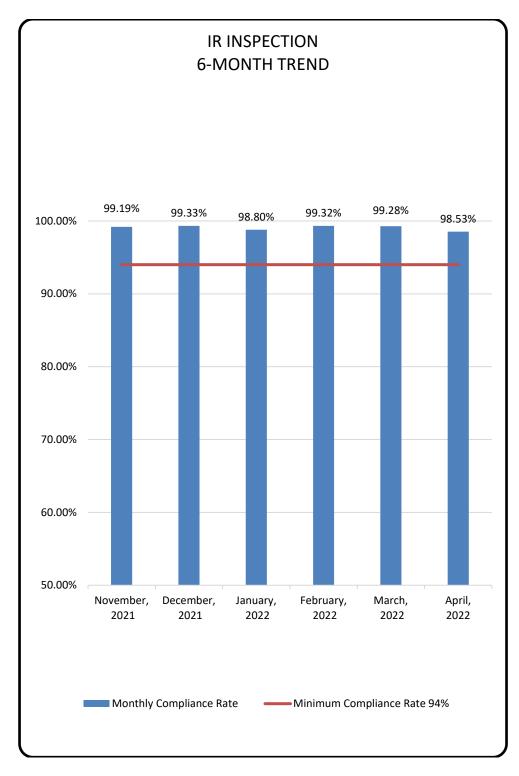
MCSO Policy EA-11 – Arrest Procedures: MCSO Policy CP-2 – Code of Conduct: MCSO Policy CP-8 – Preventing Racial and other Biased-Based Profiling: MCSO Policy GF-5 - Incident Report Guidelines: MCSO Policy GE-3 - Property Management and Evidence Control: MCSO Policy GJ-35 - Body-Worn Cameras: MCSO Policy EB-1 – Traffic Enforcement, Violator Contacts, and Citation Issuance

Conditions:

Of the <u>40</u> total selected reports that were inspected, the following has been concluded (it is important to note, <u>1</u> of the selected reports was a duplicate so only <u>39</u> reports were inspected):

- <u>22</u> out of the <u>27</u> criteria inspected achieved 100% compliance.
- <u>30</u> of the <u>39</u> reports inspected were in compliance with the inspected criteria.
- <u>9</u> of the <u>39</u> reports accounted for all of the noted deficiencies.
- <u>38</u> of the <u>39</u> reports (or 97.44%) were submitted prior to the end of shift.
- <u>32</u> of the <u>39</u> reports (or 82.05%) were reviewed by a supervisor within policy timelines.
- <u>38</u> of the <u>39</u> reports (or 97.44%) detailed a proper investigation of any/all allegations concerning a crime.
- <u>39</u> of the <u>39</u> reports (or 100%) contained articulation of reasonable suspicion/probable cause for noted searches.
- <u>39</u> of the <u>39</u> reports (or 100%) properly documented the reason for a search being conducted.
- <u>38</u> of the <u>39</u> reports (or 97.44%) contained all of the elements of the crime for each charge listed.
- <u>39</u> of the <u>39</u> reports (or 100%) inspected contained the articulation of the legal basis for the action.
- <u>39</u> of the <u>39</u> reports (or 100%) contained articulation for reasonable suspicion/probable cause. [including Form 4]
- <u>39</u> of the <u>39</u> reports (or 100%) didn't contain boilerplate and/or conclusory language.
- <u>39</u> of the <u>39</u> reports (or 100%) contained articulation of reasonable suspicion/probable cause for investigative detentions.
- <u>39</u> of the <u>39</u> reports (or 100%) contained consistent/accurate information throughout.
- <u>39</u> of the <u>39</u> reports (or 100%) had any or all property and/or evidence processed and documented within MCSO policy guidelines.
- <u>38</u> of the <u>39</u> reports (or 97.44%) either did not require an IR memorialization or had one completed by a supervisor.
- <u>39</u> of the <u>39</u> reports (or 100%) documented that Suspects were provided a Miranda Warning when required.
- <u>39</u> of the <u>39</u> reports (or 100%) had no other violations of office policy.

The compliance rates of the sample reports utilizing the 27-inspection criterion resulted in an overall average compliance rate of **98.53%** for April of 2022, as illustrated in the graph below.



Overall Compliance Rate for Monthly Incident Report Inspections

The following deficiencies were observed during the inspection period:

District 3 (4 BIO Action Forms):

District/Division	Responsible Supervisor	Date of Event	IR#	Current Supervisor	Current Commander
District 3	Sergeant	Redacted	Redacted	Lieutenant	Captain
		De	ficiency		
1. Report no	ot reviewed within policy tim	eframe (72 l	hours). Policy GF-	5.4.A.3	
• R • P s • Ir a ir	Notes: eport generated on 4/5 at 02 eviewed by above listed super- ubmitted. hspector did not locate docur ddressed, such as the comple- ntervention. ergeant has two (2) prior BAR O BAF2021-0428 O BAF2022-0064	ervisor on 4 visor was on mentation sl etion of an li	/11 at 0621. e of the supervisc nowing this poten ncident Report M	ors for the shift in whic ntial deficiency was pre emorialization or othe	h IR was generated and eviously identified and

District/Division	Responsible Supervisor	Date of Event	IR#	Current Supervisor	Current Commander	
District 3	Sergeant	Redacted	Redacted	Lieutenant	Captain	
	Deficiency					
1. Report no	1. Report not reviewed within policy timeframe (72 hours). Policy GF-5.4.A.3					
• R • P si • Ir a	Notes: eport generated on 4/30 at 1 eviewed by above listed super er Praxis, above listed superv ubmitted. aspector did not locate docur ddressed, such as the comple atervention.	ervisor on 5/ visor was on nentation sh	'5 at 0803. e of the supervisc nowing this poten	ors for the shift in whic Itial deficiency was pre	h IR was generated and eviously identified and	

District/Division	Responsible Supervisor	Date of Event	IR#	Current Supervisor	Current Commander	
District 3	Sergeant	Redacted	Redacted	Lieutenant	Captain	
	Deficiency					
1. Report n	ot reviewed within policy tim	eframe (72 l	hours). Policy GF-	5.4.A.3		
• F • F • F	r Notes: Report generated on 4/10 at 2 Reviewed by above listed superverted by above listed superverted. Inspector did not locate docur Inddressed, such as the completentervention.	ervisor on 4, visor was on mentation sł	/19 at 0853. e of the supervise nowing this poter	ors for the shift in whic ntial deficiency was pre	h IR was generated and eviously identified and	

District/Division **Responsible Supervisor** Date of IR# **Current Supervisor Current Commander** Event District 3 Sergeant Redacted Redacted Lieutenant Captain Deficiency 1. Report not reviewed within policy timeframe (72 hours). Policy GF-5.4.A.3 **Inspector Notes:** Report generated on 4/17 at 1938, submitted on 4/17 at 1952 hours to above listed supervisor in TraCS. Reviewed by above listed supervisor on 4/25 at 0031. • Per Praxis, above listed supervisor was one of the supervisors for the shift in which IR was generated and • submitted. The citation for the listed report was later voided. The report was still not reviewed within the policy • timeframe (7 days). Inspector did not locate documentation showing this potential deficiency was previously identified and • addressed, such as the completion of an Incident Report Memorialization or other applicable

intervention.

District 4 (1 BIO Action Form):

District/Division	Deputy	Date of Event	IR#	Current Supervisor	Current Commander	
District 4*	Deputy	Redacted	Redacted	Sergeant	Captain	
	Deficiency					
1. Report r	ot submitted prior to end of s	shift. Policy (GF-5.4.A.1			
 Inspector Notes: Report generated on 4/10 at 1820 hours. Submitted on 4/11 at 0932 hours. Per Praxis, Deputy worked dayshift on 4/10 and 4/11, logging off at 2035 hours on 4/10 and back on at 1024 on 4/11. Inspector did not locate documentation showing this potential deficiency was previously identified and addressed, such as the completion of an Incident Report Memorialization or other applicable intervention. 						
Deputy was assigned to Lakes when deficiency occurred						

Lake Patrol (1 BIO Action Form):

District/Division	Responsible Supervisor	Date of Event	IR#	Current Supervisor	Current Commander
Lakes	Sergeant	Redacted	Redacted	Lieutenant	Captain
	Deficiency				
1. Report n	1. Report not reviewed within policy timeframe (72 hours). Policy GF-5.4.A.3				
• F • F s • I	r Notes: Report generated on 4/20 at 1 Reviewed by above listed superverted superverted by above listed superverted. Inspector did not locate docurred docurres docurres and superverted.	ervisor on 4, visor was the mentation sh	/26 at 1017. e supervisor for th nowing this poter	he shift in which IR was ntial deficiency was pre	s generated and eviously identified and

District/Division	Responsible Supervisor	Date of Event	IR#	Current Supervisor	Current Commander
Lakes	Sergeant	Redacted	Redacted	Lieutenant	Captain
		De	ficiency		
 Report not reviewed within policy timeframe (72 hours). Policy GF-5.4.A.3 Inspector Notes: Report generated on 4/3 at 1633, submitted on 4/3 at 2153 hours to above listed supervisor in TraCS. Reviewed by above listed supervisor on 4/7 at 1900. Per Praxis, above listed supervisor was the supervisor for the shift in which IR was generated and submitted. Inspector did not locate documentation showing this potential deficiency was previously identified and addressed, such as the completion of an Incident Report Memorialization or other applicable intervention. 					
No BAF is required for this deficiency as the division emailed BIO, prior to the inspection, regarding late reviews of IRs authored by the Deputy who completed this IR					

District/Division	Responsible Supervisor	Date of Event	IR#	Current Supervisor	Current Commander
Lakes	Sergeant	Redacted	Redacted	Lieutenant	Captain
		De	ficiency	•	
1. Report no	ot reviewed within policy tim	eframe (72 l	hours). Policy GF-	-5.4.A.3	
 Inspector Notes: Report generated on 4/3 at 1901, submitted on 4/3 at 2315 hours to above listed supervisor in TraCS. Reviewed by above listed supervisor on 4/7 at 1901. Per Praxis, above listed supervisor was the supervisor for the shift in which IR was generated and submitted. Inspector did not locate documentation showing this potential deficiency was previously identified and addressed, such as the completion of an Incident Report Memorialization or other applicable intervention. 					

IRs authored by the Deputy who completed this IR*

Major Crimes (1 BIO Action Form):

District/Division	Deputy	Date of Event	IR#	Current Supervisor	Current Commander	
MCD*	Deputy	Redacted	Redacted	Sergeant	Captain	
		De	ficiency			
Inspecto • •	 Report lacks articulation of probable cause to support trespassing charge. Policy GF-5.3.B.5 Inspector Notes: Report and related IR lack articulation to support culpable mental state required for trespassing charge. Report and related IR lack articulation that property was a "fenced residential yard." Report articulates probable cause for warrant arrest. Inspector did not locate documentation showing this potential deficiency was previously identified and addressed, such as the completion of an Incident Report Memorialization or other applicable intervention. 					
	Deputy was assigned to D2 when deficiency occurred					

Training (1 BIO Action Form):

District/Division	Responsible Supervisor	Date of Event	IR#	Current Supervisor	Current Commander
Training*	Sergeant	Redacted	Redacted	Lieutenant	Captain
		De	ficiency	1	1
 Sergeant approved report and related IR with above noted deficiency. Policy GF-5.6.C Inspector Note: Inspector did not locate documentation showing this potential deficiency was previously identified and addressed, such as the completion of an Incident Report Memorialization or other applicable intervention. 					
Sergeant was assigned to D2 when deficiency occurred					

Unless noted above in a deficiency table, there were no prior BIO Action Forms similar in nature during the past twelve (12) months or supervisor notes for the perceived deputy deficiencies.

A total of <u>8</u> BIO Action Forms are required from the affected divisions. **The forms shall be completed utilizing Blue Team**. It is permissible to complete one BIO Action Form for a supervisor covering multiple potential deficiencies identified in this inspection.

Date Inspection Started:	5/23/2022
Date Completed:	6/2/2022
Timeframe Inspected:	4/1/2022 - 4/30/2022
Assigned Inspector(s):	Sgt. Rob Levy S1881

I have reviewed this inspection report.

Lt. Brian Arthur

<u>6/16/2022</u> Date

Lt. T. Brian Arthur S1806 Commander – Audits and Inspections Unit Bureau of Internal Oversight