

# MARICOPA COUNTY SHERIFF'S OFFICE

Bureau of Internal Oversight

Audits and Inspections Unit



**Incident Report Inspection – May 2023**

Inspection Report# BI2023-0074

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**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 May 2023 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 0 immigration investigation IRs, 0 lack of identity investigations IRs, and 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

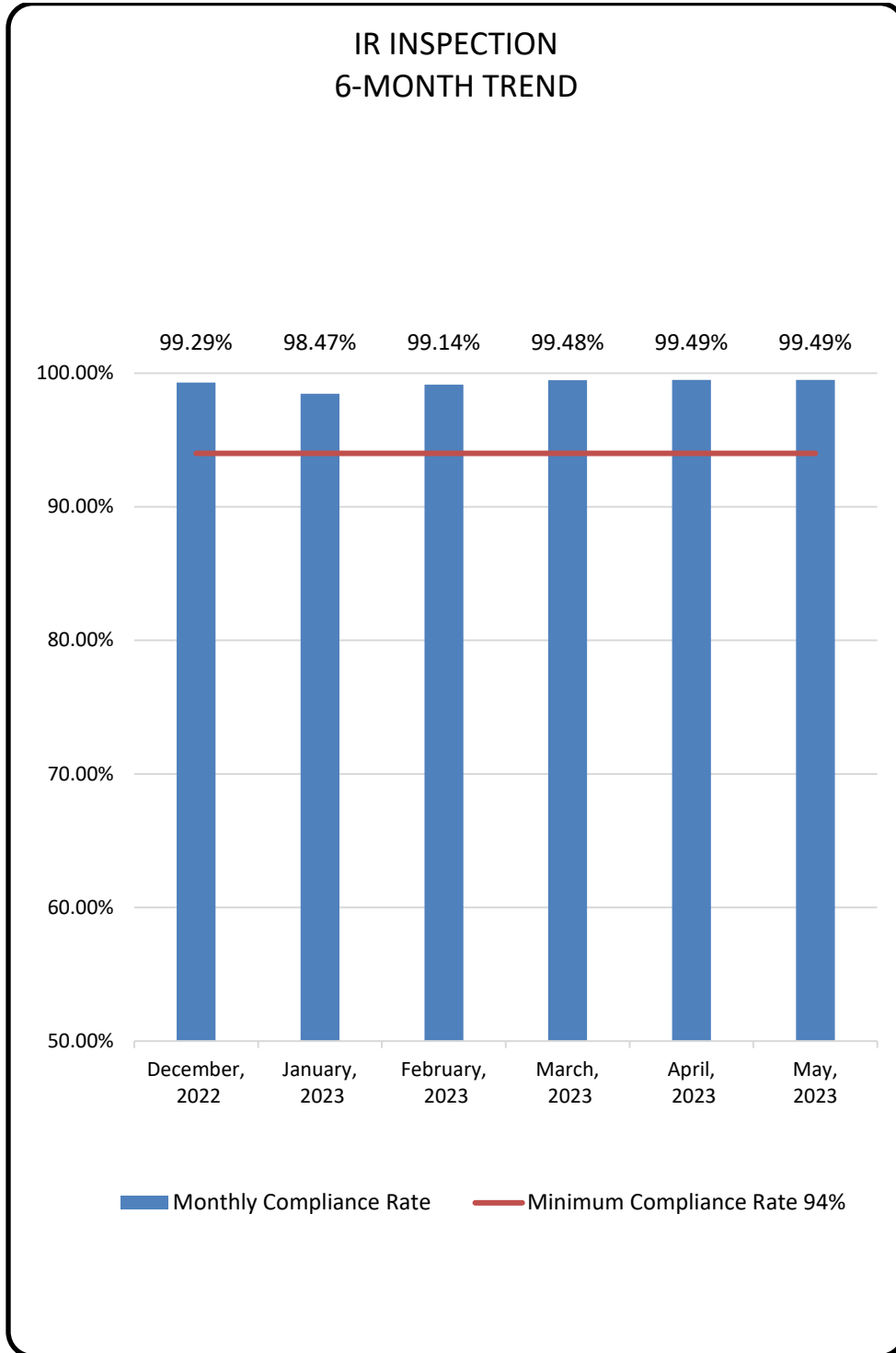
**Conditions:**

Of the **40** total selected reports that were inspected, the following has been concluded:

- **24** out of the **27** criteria inspected achieved 100% compliance.
- **36** of the **40** reports inspected were in compliance with the inspected criteria.
- **4** of the **40** reports accounted for all of the noted deficiencies.
- **38** of the **40** reports (or 95%) were submitted prior to the end of shift.
- **39** of the **40** reports (or 97.5%) were reviewed by a supervisor within policy timelines.
- **40** of the **40** reports (or 100%) detailed a proper investigation of any/all allegations concerning a crime.
- **40** of the **40** reports (or 100%) contained articulation of reasonable suspicion/probable cause for noted searches.
- **40** of the **40** reports (or 100%) properly documented the reason for a search being conducted.
- **40** of the **40** reports (or 100%) contained all of the elements of the crime for each charge listed.
- **40** of the **40** reports (or 100%) inspected contained the articulation of the legal basis for the action.
- **40** of the **40** reports (or 100%) contained articulation for reasonable suspicion/probable cause.
  - **40** of the **40** reports (or 100%) contained articulation for reasonable suspicion/probable cause in the Form 4.
- **40** of the **40** reports (or 100%) didn't contain boilerplate and/or conclusory language.
- **40** of the **40** reports (or 100%) contained articulation of reasonable suspicion/probable cause for investigative detentions.
- **40** of the **40** reports (or 100%) contained consistent/accurate information throughout.
- **39** of the **40** reports (or 97.5%) had any or all property and/or evidence processed and documented within MCSO policy guidelines.
- **40** of the **40** reports (or 100%) either did not require an IR memorialization or had one completed by a supervisor.
- **40** of the **40** reports (or 100%) documented that Suspects were provided a Miranda Warning when required.
- **40** of the **40** 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 **99.49%** for May of 2023, as illustrated in the graph below.

**Overall Compliance Rate for Monthly Incident Report Inspections**



The following deficiencies were observed during the inspection period:

District 1 (1 BIO Action Form):

| District/Division   | Deputy | Date of Event | IR#      | Current Supervisor | Current Commander |
|---|--------|---------------|----------|--------------------|-------------------|
| District 1  | Deputy | Redacted      | Redacted | Sergeant           | Captain           |
| Deficiency  |        |               |          |                    |                   |
| <p>1. Report not submitted prior to end of shift. Policy GF-5.4.A.1</p> <p>Inspector Notes:</p> <ul style="list-style-type: none"> <li>Report generated on 5/31 at 1851 hours, submitted on 6/1 at 1909 hours.</li> <li>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.</li> </ul> |        |               |          |                    |                   |

District 2 (1 BIO Action Form):

| District/Division   | Deputy | Date of Event | IR#      | Current Supervisor | Current Commander |
|---|--------|---------------|----------|--------------------|-------------------|
| District 2  | Deputy | Redacted      | Redacted | Sergeant           | Captain           |
| Deficiency  |        |               |          |                    |                   |
| <p>1. Unable to locate property receipt for items impounded for safekeeping. (Policy GF-5.3.B.5)</p> <p>Inspector Notes:</p> <ul style="list-style-type: none"> <li>Report notes that backpack and bicycle were impounded as safekeeping.</li> <li>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.</li> <li>Deputy has one prior BAF for the same deficiency within the past 12 months:                             <ul style="list-style-type: none"> <li>BAF2022-0375</li> </ul> </li> </ul> |        |               |          |                    |                   |

### District 3 (1 BIO Action Form):

| District/Division  | Deputy | Date of Event | IR#      | Current Supervisor | Current Commander |
|--|--------|---------------|----------|--------------------|-------------------|
| District 3   | Deputy | Redacted      | Redacted | Sergeant           | Captain           |
| <b>Deficiency</b>  |        |               |          |                    |                   |
| <p>1. Report not submitted prior to end of shift. Policy GF-5.4.A.1</p> <p>Inspector Notes:</p> <ul style="list-style-type: none"> <li>Report generated on 5/19 at 0319 hours, submitted on 5/20 at 0700 hours.</li> <li>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.</li> </ul> |        |               |          |                    |                   |

### Special Investigations (1 BIO Action Form):

| District/Division  | Responsible Supervisor | Date of Event | IR#      | Current Supervisor | Current Commander |
|--|------------------------|---------------|----------|--------------------|-------------------|
| Special Investigations   | Sergeant               | Redacted      | Redacted | Lieutenant         | Captain           |
| <b>Deficiency</b>  |                        |               |          |                    |                   |
| <p>1. Report not reviewed within policy timeframe (72 hours). Policy GF-5.4.A.3</p> <p>Inspector Notes:</p> <ul style="list-style-type: none"> <li>Report submitted on 5/4 at 1357 hours to above listed supervisor in TraCS.</li> <li>Reviewed by listed supervisor on 5/7 at 1820 hours.</li> <li>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.</li> <li>Sergeant has one prior BAF for the same deficiency within the past 12 months:                             <ul style="list-style-type: none"> <li>BAF2022-0257</li> </ul> </li> </ul> |                        |               |          |                    |                   |

**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 **4** 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: 6/12/2023  
Date Completed: 6/16/2023  
Timeframe Inspected: 5/1/2023 - 5/31/2023  
Assigned Inspector(s): Sgt. Rob Levy S1881

I have reviewed this inspection report.

*Lt. Brian Arthur S1806*

7/11/2023

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

Date