

MEMPHIS POLICE DEPARTMENT POLICY AND PROCEDURES
SECTION: Pronouncement of D.O.A.'s

ACTION

The following protocol is required by the Shelby County Medical Examiner's Office and will be followed by the Memphis Police Department. Its purpose is to reduce unnecessary intrusion into crime scenes by "First Responders" (police officers or emergency personnel). If the victim has no obvious signs of life or has been determined to be deceased via asystolic means by a paramedic, then the body WILL NOT be touched, no items will be removed from the body or disturbed in any way until permission of the medical examiners office, which will generally be given by the ME investigator.

The intent of this protocol is **not** to undermine the duties of any first responder, nor to deny any victim the benefit of pre-hospital assistance to ensure their survival.

PROTOCOL

Pulseless non-breathing people fall into one of two categories:

1. Victims with obvious signs of lifelessness.
2. Pulseless, non-breathing victims who do not have obvious signs of lifelessness.

VICTIMS WITH OBVIOUS SIGNS OF LIFELESSNESS.

1. Decomposition of body tissue.
2. Multiple signs of lifelessness. (The victim must have two of these conditions). These signs include:
 - a. Rigor mortis
 - b. Lividity (having black and blue or a leaden or ashen gray color)
 - c. Loss of body heat
 - d. Glazed corneas

NOTE: Rigor mortis is fairly reliable. Lividity is less reliable and requires an undressed victim. Loss of body heat is of no value in a cold environment, but has some value in a warm one. Multiple corneal disease can cause glazed corneas. Victims who have been drinking and are in cold environments can mimic lividity, rigor, etc.

3. An injury which is clearly not compatible with survival (e.g., decapitation, incineration, total separation of vital internal organs from the body or total destruction of such organs). There should be absolutely no doubt in anyone's mind when a person meets the "obvious signs of lifelessness" criteria. If there is any question in the minds of the pre-hospital personnel as to whether a person meets the above criteria, the person should be treated as those in the next

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category and CPR should be initiated.

PULSELESS, NON-BREATHING VICTIMS WHO DO NOT HAVE OBVIOUS SIGNS OF LIFELESSNESS:

All victims who are not categorized above should be treated with all the skills available to pre-hospital personnel. Victims who are pulseless and non-breathing but do not have obvious signs of lifelessness should be treated by pre-hospital personnel. CPR should be initiated, and paramedics should treat the victims with advanced life support skills.

When you are in doubt as to which category your victim is in, you should treat him / her with all the skills you can provide.

NEXT OF KIN NOTIFICATION:

To provide for the proper notification of next of kin (the closest relative of the deceased - spouse, parents, brothers, sisters and children) in cases of death or serious injury/illness from accident and non-accident situations. Notifications will be made in person, regardless of the fact that the injury/illness/death occurred within the City of Memphis or if the notification is requested by another agency. Minor injury notifications to next of kin may be made by telephone, based on the information known at the time.

I. Procedures

A. The Memphis Police Department may be requested to make notifications in the following instances:

1. Death or serious injury
2. Serious illness
3. Accident and non-accident situations

B. In those notifications that involve the death or serious injury of a member of the Memphis Police Department, the notification will be made in accordance with protocol of Line of Duty Death, **Memphis Police Department Policy and Procedures, Chapter XV, Section 10: Law Enforcement Officers Support Division, Pages 4 and 5.**

C. In those cases that involve a police officer from another agency, a Supervisor will, when possible, notify the Duty Chief and wait for a member of that agency to accompany him to make the notification.

D. Officers should avoid using the name of the deceased, injured, or ill over the radio prior to notification of immediate family members.

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- E. Officers shall ensure that the next of kin is given a list of referral agencies that may be helpful.
- F. Personal effects shall not be delivered to family members at the time of notification.
- D. All notifications involving death, serious injury or illness will be made by sworn personnel only and will be documented.

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SECTION: DOA Body Removal Service

The Shelby County Medical Examiner's Office is responsible for all body removal services to the Regional Forensic Center. A ME investigator will be contacted **on all** deaths and will make transportation arrangements. This includes deaths in and out of health care facilities. Tennessee Law mandates that bodies falling under medical examiner jurisdiction cannot be moved without the permission of the medical examiner. This includes natural deaths outside a medical facility, natural deaths in an emergency room, DOA unknowns, accidental deaths, suicides or homicides.

The ME investigator is on-call 24 hours a day and can be reached for patrol officers through the Dispatcher and directly from investigators.

HOSPICE:

An organization (Hospice) exists which assists in the handling and treatment of terminally ill patients who have chosen to return home to await death. Agreements have been reached between the City of Memphis, the Shelby County Medical Examiner's Office, and local Hospice Services, which represent terminally ill patients. **These agreements will eliminate the need for the officer to take an incident report or to notify the deceased person's physician and will eliminate the need for those Hospice patients to be sent to the Regional Forensic Center at the time of their death.**

An exception is if the deceased person is to be buried in the Shelby County cemetery. In this type of case, the Hospice Nurse will contact the MPD. The scene officer will contact the Police Dispatcher who, in turn, will contact the on-call ME investigator at 1-800-204-9105 for assistance. If possible, the officer should obtain a copy of the hospice letter, with the name of the physician who will sign the death certificate. A copy of the hospice letter will be sent to Regional Forensic Center with the body.

The policy eliminating the need for officers to make the scene of "hospice calls" and taking incident reports remains in effect.

The officer(s) will not make the scene of a hospice patient's death unless the Hospice Nurse believes foul play is involved, or there is a family disturbance, surrounding the death, or if the body is to be buried in the Shelby County cemetery.

If foul play is suspected, the officer will notify a supervisor, who will contact Homicide or Felony Response. The investigator will request that the ME investigator be contacted. The investigator will speak with the ME investigator and advised the circumstances. The body will not be disturbed until permission is given by the ME investigator.

Removal of organs from hospice organ donor for transplant purposes is not a police issue. If confronted with such a situation, officers should advise anyone concerned that it is the responsibility of the removing physician to contact the Medical Examiner's Office prior to any organ removal.

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SECTION: Injured Parties

I. Injured Parties

When members of this department handle calls that involve an injured party and the Memphis Fire Department Ambulance Service arrives on the scene, it is the sole responsibility of the Fire Department medical personnel to determine whether an individual needs to be transported by ambulance to a local hospital. If an arrested party competently refuses medical care and or transportation to the hospital by way of Memphis Fire Department Ambulance, and the officer makes the determination that they should be evaluated and or medically cleared prior to processing at jail intake, the officer may transport the arrested party to The Regional One Hospital via an MPD vehicle. A supervisor must be contacted regarding any disagreement between MPD officers and MFD personnel as to whether the arrested party shall be transported via ambulance or MPD vehicle.

When requested by Fire Department personnel, an officer will ride inside a transporting ambulance with a violent injured party. An arrest should be made if the party violates the law by virtue of his/her actions. If an arrest is to be made, the injured party is to be properly restrained with handcuffs so as not to interfere with medical treatment; however, the restraint should be placed in such a manner as will reasonably lessen the likelihood of injuring self or others. If the officer is in a one-man unit, a second car will be called to stand by with the police vehicle until a two-man unit can arrive to transport the vehicle to the officer at the hospital. At no time will the ambulance be made to wait for a two-man unit before departing to seek medical treatment.

II. Pocket Medical Kits (Blow-Out Kits)

Trained officers will carry pocket medical kits (PMK) or “blow-out kits”, which can minimize bleeding in life threatening injuries. These officers should, when feasible, use PMKs to apply tourniquets, use direct pressure to control bleeding, and seal chest wounds with occlusive dressings. These are not advanced medical techniques and can be utilized by officers to stabilize a victim until medical first responders arrive.

Each PMK contains the following one-time use items:

1. SOF-T Wide Tourniquet – for the control massive, uncontrolled bleeding in an extremity
2. Primed Gauze – wound packing dressing
3. Latex Pressure Wrap – for use with gauze
4. Chest Seal – for use in penetrating injuries to the neck, chest, or abdomen
5. Nitrile gloves – for protection from blood-borne pathogens

A. Issuance and Use

The initial kits will be issued to officers at the training academy after they successfully complete PMK training. Officers must maintain their kits and have them available on duty. The kits are sealed and designed to fit an officer’s cargo pocket. Officers should carry the kits on their person, so that they are readily available to be used on anyone who needs it. The kits provide officers with equipment proven to be effective in stabilizing injuries.

Officers will use the following guidelines in the use of the PMK:

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1. Officers should have at a minimum completed a training academy sponsored training event in order to understand and be training in the proper use of the PMK.
2. **PMKs are for life threatening injuries only. They are not to be utilized for minor wounds and non-life threatening injuries.**
3. Tear open the kit and put on the gloves. Gloves should always be worn when utilizing the kit, but **DO NOT** open the kit solely for gloves
4. The SOF-T Wide Tourniquet (TK) is designed for use in the following conditions:
 - a. Any injury to the extremities which results in massive hemorrhaging, including gunshot wounds, stabbings, vehicle crashes, impaled objects, severe lacerations or amputations resulting from any of these;
 - b. Tactical situations that prevent the use of direct pressure (i.e. active shooter)
 - c. The TK should be applied to the upper thigh for leg injuries and to the upper arm for arm injuries.
 - d. Once applied, the TK should never be loosened, and the time of application should be recorded and relayed to dispatch.
 - e. Direct pressure can still be used after a tourniquet has been applied.
 - f. If bleeding does not stop after the application of one tourniquet, a second tourniquet may be applied directly below the first one.
 - g. Pain is the number one complaint and is normal
5. Primed gauze should be used with direct pressure to control massive bleeding and is deployed by using gloved fingers to pack the wound with gauze, then applying direct pressure for 3-5 minutes. This technique is very useful when treating wounds where a tourniquet cannot be applied, such as the groin or neck. If gauze is unsuccessful in an arm or leg, a tourniquet can be utilized. **NEVER PACK GAUZE INTO A HEAD, CHEST, OR ABDOMINAL WOUND.**
6. The latex pressure wrap is used to secure gauze in place to create a pressure bandage.
7. The Beacon Chest Seal is to be used for any penetrating injury to the chest, neck or abdomen above the navel, to prevent air from entering the chest.
8. Officers should always check for exit wounds.

B. Replacement/ Used Kits

Unused, expired PMK's will be replaced every five (5) years. The kits should be returned to the training academy for replacement.

Once a kit has been opened and an item is used, that item will be disposed of, and the officer will be issued a new kit. Items not used in the open kit will be returned to the training academy.

Officers should follow the procedures below after using their PMK.

1. Officers should complete a memo documenting the circumstances of the usage.

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2. Officers should complete an equipment replacement form and forward it to their work station supervisor.
3. Copies of both documents should be sent INTER-OFFICE MAIL to the training academy marked PMK USAGE REPORT Replacements will not be issued without proper documentation.
4. Each respective station will be responsible for replacement costs of PMKs used in accordance with policy.
5. **At no time will officers break the seal on a PMK for the gloves only.** If an officer opens a kit and only the gloves are used, the officer will be responsible for the replacement cost of the kit.

Officers will be responsible for the replacement cost of the PMK if:

1. The PMK is used for a minor injury;
2. The officer damages the kit due to negligence; or
3. The officer misplaces or loses the kit.

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SECTION: Intoxicated/Ill Person

I. Intoxicated vs. Ill Person Call

Officers have encountered individuals who had every appearance of being intoxicated by either alcohol or drugs. Later it is learned that the individual was either diabetic or had some other medical difficulty, and was not intoxicated.

II. Response to Calls

- A. Whenever an officer of this department encounters an unconscious or semi-conscious person who exhibits signs of being intoxicated, the officer should make every effort to determine whether or not the individual has some type of medical problem causing the present condition. **This action would include checking for an alert bracelet, necklace, or I.D. card.** Officers should ask the person if a medical problem exists, and if they are not responsive or there is reason to believe the person is ill, an ambulance should be called. In instances where the person is visibly unable to care for himself, he should be transported to the Med.
- B. If it appears that a person's actions may be due to a medical problem or impairment, a supervisor must first be notified and approve the placement of any traffic or criminal charges.
- C. If a person is transported to the Regional Medical Center, and has in their possession medication or medical alert items, officers assigned to the Med should be made aware of such articles. The Med Officers will then immediately forward these items and/or medication to the nurse on duty, or the doctor treating the person.

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SECTION: Procedures to Follow at Medical Facilities

The following procedures will be followed when officers are required to make investigations at medical facilities:

1. Care will be exercised in selecting parking spaces. At facilities such as St. Francis, only one (1) police vehicle should be parked under the shelter at the Emergency Room as ambulances must have room to enter and maneuver.
2. Police personnel will not enter a treatment room to interview victims without approval of the hospital personnel.
3. Police personnel will not attempt to read the patient's hospital record without approval of hospital personnel. An individual's hospital record could contain confidential information not relevant to the investigation.

"Patient Condition" definitions:

1. Good Condition - Slight injury, such as minor cuts, abrasions or burns. Probably only require treatment in the Emergency Room.
2. Satisfactory - Any injury with no apparent complications; simple fractures, etc. Victim may be treated in the Emergency Room and released or may be admitted for further observation.
3. Serious - Condition is such that victim could revert to satisfactory or if complications should arise, the condition could become critical. Definitely will be admitted for further treatment and observation.
4. Critical - Injury is such that the victim could expire within a short time or could revert to serious after initial treatment.
5. Extremely Critical - Victim's vital signs are such that expiration of the victim appears imminent, but after initial treatment, victim could revert to critical condition.
6. Undetermined - Unable to give a condition report pending detailed examination and diagnosis, i.e., lab test, x-ray.

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When making a D.O.A. call to a licensed nursing home or extended care medical facility where the patient's death was anticipated, the reporting officer must determine if the attending physician or nursing home medical director has agreed, in writing, to sign the death certificate prior to the patient's death.

This agreement from the attending physician or nursing home medical director must be signed and immediately accessible at the location of the death. The reporting officer should record the physician's name and information in the report and indicate that the written agreement was in the decedent's records. **Once the written agreement has been produced by the staff and deemed by the officer to be correct and complete, the officer will not be required to contact the attending physician and under no circumstances will the body be sent to the Regional Forensic Center. A detailed report will be submitted.**

If an officer makes a D.O.A. call to a licensed nursing home or extended care facility and there is no agreement signed in advance by the attending physician or nursing home medical director, the officer must contact the Dispatcher and request the ME's office contact them. The dispatcher will contact the on-call ME investigator @1-800-204-9105. The Dispatcher will provide contact information to the ME investigator for the officer on the scene. The ME investigator will contact the officer and obtain the information regarding the death, the patient's doctor and contact information for the doctor. The ME investigator will either advise the officer to release the body to the facility or will advise the officer that they will make the scene. The officer will remain on the scene, until released by the medicolegal investigator. The officer will complete a DOA Natural or DOA Unknown report depending on the circumstances. The ME investigator as soon as possible and will attempt to contact the on-call physician within thirty minutes or make the scene. The ME's office is responsible for all body removal to the Regional Forensic Center.

This does not in any way change the policy for hospice patients.

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I. General

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Memphis Police Officers will be responsible for the investigation of all deaths, which occur in Memphis, Tennessee, including traffic fatalities. The only exceptions are Hospice Patients (Chapter 10, Section 2, Page 1), In-patient hospital deaths (this does not include emergency room deaths), and deaths of suspects or detainees as a result of police action or while in police custody.

According to Tennessee State Law, only ME investigators, can take charge of a deceased body from the crime scene or emergency room. The Shelby County Medical Examiner's office will make all death scenes (including traffic fatalities) or contact physicians for police personnel prior to releasing a body to a funeral home involving natural deaths. The ME investigator will arrange the transportation of deceased individuals to the Regional Forensic Center.

Officers will be dispatched to the scene of all deaths and a supervisor will be notified.

II. Natural Deaths and DOA Unknown

Officers will be dispatched to the scene or emergency room to take an offense report. From the scene or emergency room, the officer will obtain all information about the victim, nature of illness, doctor's name, address and phone number and next of kin information. The officer will request the Dispatcher to contact the on-call ME Investigator, and arrange for contact between the officer and ME investigator. In the case of a natural death the ME investigator will attempt to contact the deceased's doctor to determine if the doctor will sign the death certificate. Within thirty minutes the ME investigator will contact the reporting officer and advise them to release the body to the funeral home or await their arrival on the scene to take charge of the body. **The body WILL NOT be touched, items removed from the body or disturbed in any way until given permission from the Medical Examiner's Office, which will generally be given by the ME investigator.** The uniform officer will complete a DOA natural or unknown report, listing the ME investigator they spoke with in the narrative of the report.

If the decedent is under Hospice care and the circumstances of death are not suspicious, there is no need to contact the medical examiner. The decedent can be released directly to a funeral home. DO NOT TAKE A REPORT. If a Hospice death is suspicious contact a supervisor.

III. Child Deaths

Officers will make the scene of all child deaths, secure the scene and contact a supervisor. If the child has died in the emergency room an officer will stand by at the emergency room. Another officer will secure the scene from which the child was transported. A supervisor will contact Homicide or Felony Response from the scene. Investigators who will make the scene will request the Dispatcher to contact the on-call ME investigator. The ME investigator will make the scene and once given permission to enter the scene by the Homicide supervisor or lead investigator will take charge of the body. The scene will remain intact until the ME investigator has completed their investigation. The ME investigator will take charge of the body and will be responsible for transportation to the Regional Forensic Center.

IV. Homicide/Suicide/Accidental Deaths/Unexplained Deaths

Patrol officers will make the scene of all homicides, suicides, accidental deaths or unexplained

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deaths, secure the scene and contact a supervisor. If the victim has been transported to the hospital and died in the emergency room, an officer will stand by at the emergency room. An investigator will make the scene and will contact the on-call ME investigator.

Supervisors will contact Homicide or Felony Response from the scene. Investigators will make the scene will and request the Dispatcher to contact the on-call ME investigator. The ME investigator will make the scene if the body remains on the scene and once given permission to enter the scene by the Homicide supervisor or the lead investigator will take charge of the body. The scene will remain intact until the ME investigators has completed their investigation. Investigators and CSI personnel will conduct their scene investigation, careful not to disturb the body prior to the ME investigator conducting the body examination. No evidence should be removed or collected and the scene should remain undisturbed until the ME investigator has completed their scene work. The ME investigator will take charge of the body and will be responsible for transportation to the Regional Forensic Center.

V. TBI Scene Protocol

The following protocols are to be followed during Use of Force investigations of Memphis Police Department officers by Tennessee Bureau of Investigations agents. These investigations will be initiated whenever the death of a citizen occurs as the result of police action, or while a person is in the care or custody of any officer of the Memphis Police Department.

District Attorney General and the Tennessee Bureau of Investigations will be contacted any time an officer involved shooting (adversarial contact) results in the suspect being carried in critical condition. This courtesy call will take place to make certain all parties are aware of the event in case the situation deteriorates quickly, resulting in TBI involvement.

A. Handling of the Crime Scene

1. Public safety is the highest priority. If a suspect remains at large, efforts should continue to capture that suspect. The need to apprehend will be articulated to TBI.
2. MPD will be responsible for scene security; TBI will be responsible for the scene investigation.
3. During regular business hours (0800 hours to 1600 hours) Homicide, ISB, and CSI will be called to the scene until such time as they are not needed. After business hours Felony Response will be called instead of Homicide (1600 hours to 0800 hours).
4. MPD officers and supervisors will immediately secure the crime scene area by cordoning off the inner perimeter, intermediate perimeter, and outer perimeter. No one will be allowed in the inner perimeter without the permission of TBI. Access to the intermediate perimeter will be limited.
5. Special attention will be given to media placement, to keep them at a safe distance, and to allow for an easy transfer of information from the Public Affairs/PIO Offices of TBI to the media.
6. If a scene is held overnight, MPD will continue to provide scene security. This includes keeping the media and citizens at a safe, appropriate distance.

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7. Once investigators from Homicide / Felony Response, ISB, or CSI arrive on the scene, the inner perimeter tape will be replaced with red tape to clearly mark the perimeter. ISB investigators will be stationed outside the inner perimeter to ensure security of the scene.
8. If a weapon is on the scene, MPD will secure that weapon and notate who was assigned to keep it secure. This will be accomplished by posting an officer to stand near the weapon. If the weapon is collected for safety reasons, this information will be notated and provided to TBI when they arrive. **(The MPD involved officer's weapon will remain holstered until instructed otherwise by TBI.)**
9. Exigent circumstances may arise (weather, safety issues, etc.) that could require involvement by the CSI Unit of MPD. These circumstances may also call for the body to be moved prior to TBI arrival. **All such instances will be discussed by phone with TBI SAC/ASAC prior to actual involvement by MPD CSI.**
 - CSI may deploy a tent and side shields prior to the arrival of TBI, if needed. Deployment of these items will be documented and given to TBI (who deployed, when deployed, etc.).
 - If any evidence needs to be marked by MPD CSI prior to TBI arrival, the preferred method of marking evidence will be with small flags.
 - If a body MUST be moved prior to TBI arrival, the location of the head, hands, and feet will be marked on the ground or surface. All of these actions will be documented in detail and provided to TBI. The office of the Medical Examiner will be called for removal of the body.
 - If CSI officers take photos of a scene in exigent circumstances, TBI agents will download the camera SD cards on the scene via SD card readers.
 - All paper reports that might be generated (in exigent circumstances) by CSI will be provided as soon as possible to TBI.
10. All offense reports will be the responsibility of the agency with jurisdiction, in this case MPD. TBI will provide all the necessary information to complete LEOKA (Law Enforcement Officers Killed or Assaulted) reports as soon as is practicable.
11. In the event that any vehicle needs to be towed from a scene for evidentiary purposes, the preferred action is to tow vehicles from MPD scenes to the SCSO Facility on Dovecrest. If the same is true in a SCSO scene, vehicles will be towed to the MPD CSI Office on Klinkle.
12. EMS personnel should be reminded to take medical trash with them when they clear the scene.
13. TBI will notify the Medical Examiner's Office regarding the need for body removal. MPD can notify the ME's Office of the incident, but TBI will make the decision as to when the ME will be called for the actual removal.
14. TBI agents will notify the next of kin at the appropriate time during the investigation.

B. Handling of Witnesses on Crime Scene

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1. All witnesses will be located and separated as soon as possible, until the arrival of TBI agents. **All active canvassing for witnesses will be conducted by TBI agents.**
2. MPD will transport witnesses to the TBI Office only after being instructed to do so. Witnesses should remain on the scene (separated), until TBI agents advise otherwise. **Witnesses will not be taken to any MPD facility prior to being transported to TBI**, in order to maintain investigative integrity.
3. **TBI will interview witness officers prior to any administrative statements being obtained.** ISB will obtain approval from TBI to approach witnesses prior to interviews (in the event additional criminal investigative tasks are necessary).
4. Primary (involved) officers will be asked to give a statement by TBI agents at the time of the initial investigation. If the officer declines at that time, the officer can still give a statement later, or give TBI a copy of their Garrity statement, if they so choose. There will be no penalty for declining to give a statement at the time of the initial investigation.
5. TBI encourages MPD (and other agencies) to hold off on conducting administrative investigations until TBI has concluded their criminal investigation. However, TBI realizes that agencies may start their administrative investigations as a parallel investigation. Any “walk-throughs” associated with administrative investigations will be delayed until TBI is through with the scene investigation.
6. Supervisors should ask the primary officers the “Public Safety Questions” located on Mpdsupport/Departmental Forms/Administrative Forms. These questions are designed to obtain answers to safety-related questions (such as last known direction of travel of at-large suspects) instead of queries about specific details of the shooting (“why” or “why not” questions).

C. Additional Investigative Tasks

1. Primary (involved) officers will be taken to the precinct by members of ISB to stand by for additional investigative tasks, including drug testing.
 - TBI agents will be collecting gun belts, uniforms and boots, and any other necessary items for testing, analysis, etc. Photos may also be taken.
 - TBI agents will collect as evidence the weapons used by involved officers. ISB will, after TBI is finished, relieve the primary, involved officers of duty and conduct post-incident drug testing.
2. MPD ISB will conduct post-incident drug testing of involved officers per MPD policy.
 - TBI agents will make contact with all involved officers prior to them being transported to the precinct for follow-up tasks. This will allow TBI agents to determine if the involved officer(s) may be impaired in any way.
 - If the involved officer is suspected on the scene of being impaired, TBI will obtain a search warrant for appropriate testing ***before*** ISB conducts any administrative testing.

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- If no impairment is suspected, administrative testing will be conducted as it has in the past.
 - ISB will conduct the testing as has been past practice.
 - If the results are negative, the results will remain administrative, protected by the ruling in *Garrity vs. New Jersey*.
 - If the results are positive, the City of Memphis will consult with the SCDAG and TBI as to how to proceed.
- D. ISB will be the agency point of contact for MPD with TBI. ISB will coordinate obtaining information for TBI relative to TBI's investigation (training records, personnel files, ISB files, etc.) as well as assisting in communication between MPD officers and TBI agents, MPD bureaus/units and TBI, etc.

VI. Traffic Fatalities

Traffic Fatalities will be handled in accordance with existing policy. However, STIS investigators must notify the on-call ME investigator via the Dispatcher to make the scene of all fatal crashes. The body of a deceased individual will not be disturbed or removed until the ME investigator gives permission. The STIS investigator will conduct their investigation and at the appropriate time give permission for the ME investigator to begin their investigation. If the victim was transported to the hospital and died in the emergency room the STIS investigator at the hospital will contact the ME investigator through the Dispatcher. The ME investigator will arrange for the body to be removed from the scene to the Regional Forensic Center.