APPENDIX A: ARMED ON REQUEST

COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

REQUEST TO BE ARMED IN PERFORMANCE OF DUTIES

I. REQUESTING TO BE ARMED

Pursuant to the Memoranda of Understanding for bargaining units 701 (AFSCME Local 685, Deputy Probation Officers Union) and 702 (SEIU 721, Supervising Deputy Probation Officers Union), the Los Angeles County Probation Department ("Department") provides this Request to Be Armed in Performance of Duties form ("form"). Employees in the above-stated bargaining units may use the form to initiate a written request to Department management to be armed on-duty. The form does not apply to requests to be armed off-duty.

An employee who believes his or her assignment requires a firearm shall fully complete the form before submitting it to the Human Resources Division.

The Chief Probation Officer has sole authority to decide whether employees may carry firearms on-duty. Publication of the form does not in any way alter or supersede recruitment or qualification requirements of any previously-established armed units in the Department. Additionally, no employee will be approved to carry a firearm on-duty without first meeting all current legal and Departmental requirements, qualifications, and training standards. These include, but are not limited to: background check; medical evaluation; psychological evaluation; specific armed training, testing and qualification; any performance requirements; and any terms and conditions specified by the Department and Chief Probation Officer.

Submission of the form, and anything related to the form, shall not be subject to the grievance or arbitration process of the applicable MOU.

County of Los Angeles – Probation Department

II. EMPLOYEE INFORMATION

Employee Name: _____	Bureau: Select.
Employee #: _____	Unit: _____
Payroll Title: _____	Current Assignment:

DATE OF SUBMISSION: _____

County of Los Angeles – Probation Department

III. REASONS FOR REQUEST TO CARRY ON-DUTY FIREARM

You must fully complete this section by including specific information about the nature of your assignment; any high risk factors that you believe exist; and why you believe a firearm would be useful in your specific assignment.

County of Los Angeles – Probation Department

IV. PROCESSING (DEPARTMENT ONLY)

Date Received by Human Resources: _____

APPENDIX B: APPLICATION TO POSSESS & USE A FIREARM

LOS ANGELES COUNTY PROBATION DEPARTMENT
APPLICATION TO POSSESS AND USE A FIREARM
9150 E. IMPERIAL HIGHWAY --- DOWNEY, CALIFORNIA 90242
(562) 940-2554

A. Employee Information		
Last Name:	First Name:	M.I.:
Title:	Employee Number:	Badge Number:

I request authorization to possess and use a firearm in the performance of my duty within the course and scope of my employment as a Deputy Probation Officer/Supervising Deputy Probation Officer/Director. I understand that final approval of this request shall be contingent upon Department of Justice clearance, psychological and medical clearance, successful completion of the Department approved PC 832 Firearms Course and successful completion of the Department's Arming Academy. The Chief Probation Officer or designee may temporarily revoke the authorization to carry a firearm at any time at his/her discretion. The Chief Probation Officer is the final decision maker in revocations. Revocations shall not be considered disciplinary action nor subject to the grievance procedure.

Employee Signature – Employee Number _____ Date _____

B. Qualifying Employee Information		
1. Department of Justice Clearance ☐ Cleared ☐ Disqualified	Verified by:	Date:
2. Psychological Clearance ☐ Cleared ☐ Disqualified	Verified by:	Date:
3. Medical Clearance ☐ Cleared ☐ Disqualified	Verified by:	Date:
4. PC 832 Firearms ☐ Pass ☐ Fail Completion Date:_____ Verified by: _____ Rangemaster/Firearms Instructor ☐ Remediation Required ☐ Pass ☐ Fail Completion Date:_____ Verified by: _____ Rangemaster/Firearms Instructor		
5. Armed Academy Completion Date:	Academy No.:	Verified by:
6. Firearm Requalification: ☐ Pass ☐ Fail	Completion date:	Verified by: _____ Rangemaster/Firearms Instructor

Original: Arming File
CC: Personnel File
Revised 01/2019

C. Recommendations/Approval		
☐ Recommended ☐ Not recommended	Rangemaster/Firearms Instructor	Date
☐ Recommended ☐ Not recommended	Director/Sr. Director	Date
☐ Recommended ☐ Not recommended	Bureau Chief	Date
☐ Approved ☐ Denied	Chief Probation Officer	Date

D. Temporary Authorization Issued: I understand this temporary authorization to possess and carry a firearm is contingent upon the successful completion of the field practicum. This does not guarantee that I will be authorized to carry a firearm at the completion of this training.

Employee Signature	Employee Number	Date

☐ Approved	Authorized by SEO Management	Date	Authorized by Chief Probation Officer	Date

E. Authorization Issued: I understand this authorization to possess and carry a firearm is contingent upon the proper scope of the duties as an Armed Deputy Probation Officer. The authorization can be renounced at any moment by the Chief Probation Officer or designee.

Employee Signature	Employee Number	Date

☐ Approved	Authorized by SEO Management	Date	Authorized by Chief Probation Officer	Date

F. Authorization Revoked: Pursuant to CA Penal Code 830.5(a), peace officers (Deputy Probation Officers) may carry firearms (on-duty) only if authorized and under those terms and conditions specified by their employing agency. Revocations shall not be considered disciplinary action nor subject to the grievance procedure.

☐ Revoked	Authorized by Chief Probation Officer	Date

G. Department Issued Firearm	
Type of firearm issued: **Smith and Wesson M&P 9MM**	Weapon Serial #
Department firearm issued by: _____ Rangemaster/Firearm Instructor	_____ Date

Original: Arming File
CC: Personnel File
Revised 1/2019

APPENDIX C: AGREEMENT TO CARRY FIREARM

Employee No. _____

LOS ANGELES COUNTY PROBATION DEPARTMENT
AGREEMENT TO CARRY FIREARM

Employee Initial

_____ I am voluntarily agreeing to be armed.

_____ I understand and acknowledge that I may be assigned to any armed position within the Department.

_____ Officers approved for an armed position may be eligible for an Additional Responsibility Bonus Pay. However, if an officer is later reassigned from the armed position for any reason, the Additional Responsibilities Bonus Pay will be terminated upon reassignment.

_____ I have reviewed and agree to adhere to the policies and procedures as set forth in the Los Angeles County Probation Department Arming Policy.

_____ I understand that the authorization to possess and carry a firearm will be reviewed by the safety committee annually. The arming committee will present their recommendations to the Chief Probation Officer for final decision.

_____ I have successfully completed First Aid and CPR and acknowledge that it is my responsibility to maintain my certification pursuant to the American Red Cross standards.

_____ I will remain current in all areas of training required by department firearms policies and procedures.

_____ I understand and acknowledge that is it my responsibility to qualify quarterly with my Department issued firearm under the supervision of a Department Rangemaster/Firearm Instructor.

_____ I understand and acknowledge that I am not permitted to carry my Department issued firearm off duty.

_____ I agree not to modify my Department-issued weapon in any manner without the written authorization of a Department Armorer.

_____ I will carry a badge and identification as a probation officer at all times when carrying a Department authorized firearm.

_____ A Department Rangemaster/Firearm Instructor may suspend the Authorization to Carry a firearm at any time for training reasons or reasons of safety.

_____ I will surrender my weapon to a Department Rangemaster/Firearms Instructor, Armed Supervising Deputy Probation Officer, Armed Director, Bureau Chief or Chief Probation Officer at any time, upon their request, for any reason, and without cause.

_____ / _____
Employee Name (Print) / Signature — Date

_____ _____
Rangemaster/Firearm Instructor — Date

_____ _____
Director (Special Services Bureau) — Date

_____ _____
Bureau Chief (Special Services Bureau) — Date

Original: Arming File
CC: Employee

Created 4/22/2013
Revised 5/1/2014

APPENDIX D: WEAPON QUALIFICATION CARD

LOS ANGELES COUNTY PROBATION DEPARTMENT
ARMED DEPUTY

RAY LEYVA
Interim Chief Probation Officer

WEAPONS QUALIFICATION CARD
REFER TO PENAL CODE SECTION 830.5

NAME: _____

EMPLOYEE NUMBER:_____

WEAPON MODEL:_____SERIAL#_____

QUALIFICATION DATA				
RANGE MASTER				

COUNTY OF LOS ANGELES PROBATION DEPARTMENT
FIELD SERVICES – SPECIAL INCIDENT REPORT (SIR)

INCIDENT OVERVIEW

DATE OCCURRED:	TIME OCCURRED:	DATE REPORTED:	REPORTED BY:	PHONE NO:

NATURE OF INCIDENT:

LOCATION OF INCIDENT: (Be specific, include facility address, Department area and/or room number)

PERSON (S) INVOLVED IN THE INCIDENT:

SUSPECT INFORMATION: (If Applicable)

County Employee? ☐ Yes ☐ No ☐ Unknown | Gang Related? ☐ Yes ☐ No ☐ Unknown

SUSPECT NAME: (If Known)	AGE	RACE	SEX	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR
	yrs.				lbs.		

PDJ or X-NUMBER:	DISTINGUISHING CHARACTERISTICS: (Facial Hair, Scars, Tattoos, etc.)	APPAREL:

VEHICLE MAKE/MODEL: (If Applicable)	YEAR	LICENSE NUMBER	COLOR	DISTINGUISHING FEATURES

EMPLOYEE WITNESSES (If Applicable)

	LAST NAME	FIRST NAME	MIDDLE NAME	EMPLOYEE NO.
1.				
2.				
3.				

NON-EMPLOYEE WITNESSES (If Applicable)

	LAST NAME	FIRST NAME	MIDDLE NAME	AGE	D.O.B.
1.				yrs.	
	STREET ADDRESS	CITY	ZIP CODE	PHONE NUMBERS	
2.				yrs.	
	STREET ADDRESS	CITY	ZIP CODE	PHONE NUMBERS	
3.				yrs.	
	STREET ADDRESS	CITY	ZIP CODE	PHONE NUMBERS	

OUTSIDE AGENCY SUMMONED OR INVOLVED: Law Enforcement, Safety, Police, Medical, etc.

AGENCY NAME

AGENCY REPORT/FILE NO. ARREST MADE? ☐ Yes ☐ No

DISPOSITION:

REPORT SUBMITTED BY:	DATE	PHONE NO.	REVIEWED BY:	DATE

COUNTY OF LOS ANGELES PROBATION DEPARTMENT
FIELD SERVICES – SPECIAL INCIDENT REPORT (SIR)

DESCRIPTION OF INCIDENT: (Include Who, What, When, Where, and How)

APPENDIX F: OFFICER INVOLVED SHOOTING CHECKLIST

LOS ANGELES COUNTY PROBATION DEPARTMENT
OFFICER INVOLVED SHOOTING
CHECKLIST

This checklist serves as a guide of the procedures to follow in the event of an officer-involved shooting. For additional information, refer to the Adult Investigative Services Bureau, Section 100 - Arming Policy.

OFFICER RESPONSIBILITY (INVOLVED OR WITNESS)

- ☐ Secure the scene to best of the officer's ability, including handcuffing all suspects.
- ☐ Obtain / provide medical assistance to all injured persons.
- ☐ Call 911 to report the discharge to the local law enforcement agency.
- ☐ Call immediate supervisor to report the incident.
- ☐ Refrain from moving any item of evidentiary value including expended shell cases, fired or live rounds, ammo magazines, etc.
- ☐ All staff at the scene to remain present unless it is unsafe to do so, medical treatment is required, or until dismissed by local law enforcement agency, supervising Professional Standards Bureau (PSB) Investigator, or Director.
- ☐ Prior to the end of the next working day, officers that witnessed the incident shall submit a full, complete, and accurate Special Incident Report as soon as practicable up the chain of command.
- ☐ Protect the weapon used by the officer for examination.

SUPERVISING OFFICER RESPONSIBILITY

- ☐ Gather the following information:
  - Emergency services contacted,
  - Officer(s) involved, including reporting party
  - Date, time, and location of incident,
  - Synopsis (who, what, when, where, how),
  - Nature and extent of injuries (name, role, and agency, if applicable),
  - Agencies involved (names and titles), and
- ☐ Designate an officer to document all pertinent incidents and record the timeline of events leading up to and after the shooting incident.
- ☐ Call Director to report the incident.
- ☐ Respond to the scene and assume Incident Commander until Director arrives.
- ☐ Separate officers involved from the scene and provide support.
- ☐ Assign a chaperone to each officer involved in the shooting.
- ☐ Direct officers and witnesses involved not to discuss incident until interviewed by investigators.
- ☐ Direct officers to secure the scene until PSB arrives to provide further direction.
- ☐ Prepare a Special Incident Report prior to the next working day that includes the following information:
  - Complete a brief description of the incident.
  - A copy of the Operational Plan and Search packet
  - The names of all persons present during the incident, noting their status as a probation officer, probationer, and/or other persons, listing agency of law enforcement officers present.
  - Recommendation, if appropriate, regarding the need for further investigation of the incident and/or need for officer training regarding the incident.
  - Assessment if the weapon was drawn consistent with policy.
- ☐ Forward the SIRs and SDPO's written report to the Director.

DIRECTOR RESPONSIBILITY

- ☐ Notify Bureau Chief, Executive Management, and Union Leadership using the EDL-PROB OIS group email (OIS@probation.lacounty.gov).
- ☐ Respond to the scene and assume Incident Commander Role, as necessary.
- ☐ Report/Documentation:
  - Write a report summarizing the Officer SIRs and SDPO reports
  - Obtain copies of related reports, if any, from other agencies and forward them through the chain of command
- ☐ Schedule/conduct a Debriefing of officers involved.

Revised 2/25/19

APPENDIX G: PUBLIC SAFETY STATEMENT

The Public Safety Statement is a compelled statement for the purpose of securing the scene of an Officer Involved Shooting. The scope of questions appropriate for a Public Safety statement are as follows:

1. Approximately how many rounds did you fire and in what direction did you fire them?
2. Approximately where were you when you fired the rounds?
3. Is anyone injured? If so, where are they located?
4. Do you know if any other person fired any rounds? If so, from what direction were the shots fired?
5. Are there any outstanding suspects? If so, what is their description and direction and mode of travel? How long have they been gone? What crime(s) are they wanted for? What weapons are they armed with?
6. Are you aware of any witnesses? If so, what is their location?
7. Can you identify the crime scene?
8. Are there any weapons or evidence that needs to be secured/protected? If so, where are they located?

These questions should be followed by the order not to discuss the incident with anyone, prior to the arrival of the assigned investigators, with the exception of legal representatives.