



# METROPOLITAN POLICE DEPARTMENT STANDARD OPERATING PROCEDURES



## HANDLING FIRST AMENDMENT ASSEMBLIES AND MASS DEMONSTRATIONS

### Assembly or Demonstration Reportable Force Report

#### A. INCIDENT INFORMATION

IS NUMBER	INCIDENT DATE	INCIDENT TIME	RELATED INCIDENT CCN	DISTRICT	PSA
	060120	2300		1d	
EVENT/DETAIL			LOCATION OF REPORTED INCIDENT		FORCE USED?
Felony Rioting			400 New Jersey Ave NW		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
TYPE OF FORCE USED (CHECK ALL THAT APPLY)					
<input checked="" type="checkbox"/> ODU PROTECTIVE GEAR WORN	<input type="checkbox"/> MECH. FORCE	<input type="checkbox"/> NONE/OTHER - SPECIFY: <i>cs stingball-100 rubber balon400</i>			
<input type="checkbox"/> PHYSICAL FORCE	<input type="checkbox"/> CHEMICAL FORCE				
<input type="checkbox"/> FORESIN FORCE					

#### B. AUTHORIZING OFFICIAL

LAST NAME	FIRST NAME	RANK	CAD #
Glover	Robert	Inspector	
ELEMENT		ASSIGNMENT	
HSB		A Commander	

#### C. GROUP/SUBJECT INFORMATION *(use narrative section to capture information on additional subjects)*

GROUP NAME OR SUBJECT NAME (LAST NAME, FIRST NAME)			
Unk			
ADDRESS		CITY	STATE   ZIP
PHONE NUMBER	DOB	SEX	RACE
GROUP/SUBJECT ACTION (CHECK ONE)			
<input type="checkbox"/> RESISTANT (PASSIVE)		<input checked="" type="checkbox"/> ASSAULTIVE (PHYSICAL INJURY)	
<input type="checkbox"/> RESISTANT (ACTIVE)		<input checked="" type="checkbox"/> ASSAULTIVE (SERIOUS PHYSICAL INJURY/DEATH)	
GROUP/SUBJECT ACTIVITY (CHECK ALL THAT APPLY)			
<input type="checkbox"/> APO	<input type="checkbox"/> DANGEROUS ANIMAL	<input type="checkbox"/> FOOT PURSUIT	<input type="checkbox"/> VEHICLE PURSUIT
<input type="checkbox"/> ATTEMPT ARREST	<input type="checkbox"/> DISORDERLY CONDUCT	<input type="checkbox"/> HOSTAGE	<input type="checkbox"/> X OTHER - Felony
<input type="checkbox"/> ADW	<input type="checkbox"/> DEMONSTRATION	<input type="checkbox"/> LANDLORD/TENANT DISPUTE	Rioting-Destroying
<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> DEFENDING AN ASSAULT	<input type="checkbox"/> ROBBERY	property
<input type="checkbox"/> BARRICADE	<input type="checkbox"/> DOMESTIC VIOLENCE	<input type="checkbox"/> SUICIDE ATTEMPT	
<input type="checkbox"/> BURGLARY	<input type="checkbox"/> DRUGS	<input type="checkbox"/> TRANSPORTING	
<input type="checkbox"/> CROWD CONTROL	<input type="checkbox"/> DUI	<input type="checkbox"/> TRAFFIC STOP	

#### D. GROUP/SUBJECT WEAPON

WEAPON PRESENT	TYPE OF WEAPON	WEAPON RECOVERED
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> FIREARM <input type="checkbox"/> BLUNT OBJECT <input type="checkbox"/> EDGED OBJECT <input checked="" type="checkbox"/> OTHER- Throwing missiles, rocks, bricks	<input type="checkbox"/> YES, PROVIDE DETAILS IN NARRATIVE <input type="checkbox"/> NO

**E. NARRATIVE**

On 06/01/2020 at 400 NJ ave nw members of ERT were deployed to assist CDU squads with controlling a riotous crowd that was throwing missiles at police and stopping the destruction of property and businesses. Munitions deployment was authorized by Inspector Glover.

Below is the deployment type:

- Ofc [REDACTED] - (1) stingball deployed
- Ofc [REDACTED] - (1) 40mm rubber baton deployed (Unit Block First St NW)
- Ofc [REDACTED] - (1) CS Stingball deployed (Unit Block of First NW)

**F. INVOLVED MEMBERS** (space allotted for up to one full platoon, use additional sheets to capture more members, if necessary)

#1 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
#9 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#10 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#11 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#12 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#13 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#14 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#15 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#16 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#17 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#18 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#19 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#20 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#21 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#22 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#23 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

- 
- 
- 
- 
- 
- 
- 
- 

SOP-16-01 (Handling First Amendment Assemblies and Mass Demonstrations)

Attachment M

PD Form 901-m (Assembly or Demonstration Reportable Force Report)

#24 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVAT
				YES NO	YES
#25 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVAT
				YES NO	YES
#26 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVAT
				YES NO	YES
#27 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVAT
				YES NO	YES
#28 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVAT
				YES NO	YES
#29 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVAT
				YES NO	YES
#30 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVAT
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES
#31 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVAT
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES
#32 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVAT
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES
#33 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVAT
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES

**G. REVIEW**

REPORTING OFFICIAL PRINTED NAME	SIGNATURE	CAD NUMBER	DATE
██████████	██████████	██████████	060720
INCIDENT COMMANDER (OR SOD/HSB OFFICIAL) PRINTED NAME	SIGNATURE	CAD NUMBER	DATE



# METROPOLITAN POLICE DEPARTMENT STANDARD OPERATING PROCEDURES



## HANDLING FIRST AMENDMENT ASSEMBLIES AND MASS DEMONSTRATIONS

### Assembly or Demonstration Reportable Force Report

#### A. INCIDENT INFORMATION

IS NUMBER	INCIDENT DATE	INCIDENT TIME	RELATED INCIDENT CCN	DISTRICT	PSA
	060120	2300	[REDACTED]	Ed	
EVENT/DETAIL		LOCATION OF REPORTED INCIDENT		FORCE USED?	
Felony Rioting		1 <sup>st</sup> & E St NW		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
TYPE OF FORCE USED (CHECK ALL THAT APPLY)					
<input checked="" type="checkbox"/> PROTECTIVE GEAR WORN		<input type="checkbox"/> MECH. FORCE		<input type="checkbox"/> NONE/OTHER - Stingball	
<input type="checkbox"/> PHYSICAL FORCE		<input type="checkbox"/> CHEMICAL FORCE			
<input type="checkbox"/> FORESIN FORCE					

#### B. AUTHORIZING OFFICIAL

LAST NAME	FIRST NAME	RANK	CAD #
Glover	Robert	Inspector	
ELEMENT		ASSIGNMENT	
HSB		A. Commander	

#### C. GROUP/SUBJECT INFORMATION (use narrative section to capture information on additional subjects)

GROUP NAME OR SUBJECT NAME (LAST NAME, FIRST NAME)			
Unk			
ADDRESS		CITY	STATE ZIP
PHONE NUMBER	DOB	SEX	RACE
GROUP/SUBJECT ACTION (CHECK ONE)			
<input type="checkbox"/> RESISTANT (PASSIVE)		<input checked="" type="checkbox"/> ASSAULTIVE (PHYSICAL INJURY)	
<input type="checkbox"/> RESISTANT (ACTIVE)		<input checked="" type="checkbox"/> ASSAULTIVE (SERIOUS PHYSICAL INJURY/DEATH)	
GROUP/SUBJECT ACTIVITY (CHECK ALL THAT APPLY)			
<input type="checkbox"/> APO	<input type="checkbox"/> DANGEROUS ANIMAL	<input type="checkbox"/> FOOT PURSUIT	<input type="checkbox"/> VEHICLE PURSUIT
<input type="checkbox"/> ATTEMPT ARREST	<input type="checkbox"/> DISORDERLY CONDUCT	<input type="checkbox"/> HOSTAGE	<input type="checkbox"/> X OTHER - Felony
<input type="checkbox"/> ADW	<input type="checkbox"/> DEMONSTRATION	<input type="checkbox"/> LANDLORD/TENANT DISPUTE	Rioting-Destroying
<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> DEFENDING AN ASSAULT	<input type="checkbox"/> ROBBERY	property
<input type="checkbox"/> BARRICADE	<input type="checkbox"/> DOMESTIC VIOLENCE	<input type="checkbox"/> SUICIDE ATTEMPT	
<input type="checkbox"/> BURGLARY	<input type="checkbox"/> DRUGS	<input type="checkbox"/> TRANSPORTING	
<input type="checkbox"/> CROWD CONTROL	<input type="checkbox"/> DUI	<input type="checkbox"/> TRAFFIC STOP	

#### D. GROUP/SUBJECT WEAPON

WEAPON PRESENT	TYPE OF WEAPON	WEAPON RECOVERED
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> FIREARM <input type="checkbox"/> BLUNT OBJECT <input type="checkbox"/> EDGED OBJECT <input checked="" type="checkbox"/> OTHER- Throwing missiles, rocks	<input type="checkbox"/> YES, PROVIDE DETAILS IN NARRATIVE <input type="checkbox"/> NO

SOP-16-01 (Handling First Amendment Assemblies and Mass Demonstrations)

Attachment M

PD Form 901-m (Assembly or Demonstration Reportable Force Report)

**E. NARRATIVE**

On 06/01/2020 at 1<sup>st</sup> & E St NW members of ERT were deployed to assist CDU squads with controlling a riotous crowd that was throwing missiles at police and stopping the destruction of property and businesses. Munitions deployment was authorized by Inspector Glover.

Below is the deployment type:

[REDACTED] (1) Stingball deployed


**F. INVOLVED MEMBERS** (space allotted for up to one full platoon, use additional sheets to capture more members, if necessary)

#1 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
#2 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
#11 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#12 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#13 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#14 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#15 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#16 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#17 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#18 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#19 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#20 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#21 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#22 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#23 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
-

#24 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVAT
				YES NO	YES
#25 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVAT
				YES NO	YES
#26 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVAT
				YES NO	YES
#27 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVAT
				YES NO	YES
#28 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVAT
				YES NO	YES
#29 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVAT
				YES NO	YES
#30 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVAT
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES
#31 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVAT
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES
#32 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVAT
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES
#33 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVAT
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES

**G. REVIEW**

REPORTING OFFICIAL PRINTED NAME	SIGNATURE	CAD NUMBER	DATE
Carlos Mejia	<i>Carlos Mejia</i>		060720
INCIDENT COMMANDER (OR SOD/HSB OFFICIAL) PRINTED NAME	SIGNATURE	CAD NUMBER	DATE





# METROPOLITAN POLICE DEPARTMENT STANDARD OPERATING PROCEDURES



## HANDLING FIRST AMENDMENT ASSEMBLIES AND MASS DEMONSTRATIONS

### Assembly or Demonstration Reportable Force Report

#### A. INCIDENT INFORMATION

IS NUMBER	INCIDENT DATE	INCIDENT TIME	RELATED INCIDENT CCN	DISTRICT	PSA
	060120	2300	[REDACTED]	2d	
EVENT/DETAIL		LOCATION OF REPORTED INCIDENT			FORCE USED?
Felony Rioting/Looting		400 H St NW to Thomas Circle NW			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
TYPE OF FORCE USED (CHECK ALL THAT APPLY)					
<input checked="" type="checkbox"/> ODU PROTECTIVE GEAR WORN	<input type="checkbox"/> MECH. FORCE	<input type="checkbox"/> NONE/OTHER - Stingball-40 MM-			
<input type="checkbox"/> PHYSICAL FORCE	<input type="checkbox"/> XCHEMICAL FORCE				
<input type="checkbox"/> XLEORESIN FORCE					

#### B. AUTHORIZING OFFICIAL

LAST NAME	FIRST NAME	RANK	CAD #
Glover	Robert	Inspector	
ELEMENT		ASSIGNMENT	
HSB		A Commander	

#### C. GROUP/SUBJECT INFORMATION (use narrative section to capture information on additional subjects)

GROUP NAME OR SUBJECT NAME (LAST NAME, FIRST NAME)			
Unk			
ADDRESS		CITY	STATE   ZIP
PHONE NUMBER	DOB	SEX	RACE
GROUP/SUBJECT ACTION (CHECK ONE)			
<input type="checkbox"/> RESISTANT (PASSIVE)		<input checked="" type="checkbox"/> ASSAULTIVE (PHYSICAL INJURY)	
<input type="checkbox"/> RESISTANT (ACTIVE)		<input checked="" type="checkbox"/> ASSAULTIVE (SERIOUS PHYSICAL INJURY/DEATH)	
GROUP/SUBJECT ACTIVITY (CHECK ALL THAT APPLY)			
<input type="checkbox"/> APO	<input type="checkbox"/> DANGEROUS ANIMAL	<input type="checkbox"/> FOOT PURSUIT	<input type="checkbox"/> VEHICLE PURSUIT
<input type="checkbox"/> ATTEMPT ARREST	<input type="checkbox"/> DISORDERLY CONDUCT	<input type="checkbox"/> HOSTAGE	<input type="checkbox"/> X OTHER - Felony
<input type="checkbox"/> ADW	<input type="checkbox"/> DEMONSTRATION	<input type="checkbox"/> LANDLORD/TENANT DISPUTE	Rioting-Destroying property
<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> DEFENDING AN ASSAULT	<input type="checkbox"/> ROBBERY	
<input type="checkbox"/> BARRICADE	<input type="checkbox"/> DOMESTIC VIOLENCE	<input type="checkbox"/> SUICIDE ATTEMPT	
<input type="checkbox"/> BURGLARY	<input type="checkbox"/> DRUGS	<input type="checkbox"/> TRANSPORTING	
<input type="checkbox"/> CROWD CONTROL	<input type="checkbox"/> DUI	<input type="checkbox"/> TRAFFIC STOP	

#### D. GROUP/SUBJECT WEAPON

WEAPON PRESENT	TYPE OF WEAPON	WEAPON RECOVERED
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> FIREARM <input type="checkbox"/> BLUNT OBJECT <input type="checkbox"/> EDGED OBJECT <input checked="" type="checkbox"/> OTHER- Throwing missiles, rocks, bricks	<input type="checkbox"/> YES, PROVIDE DETAILS IN NARRATIVE <input type="checkbox"/> NO

SOP-16-01 (Handling First Amendment Assemblies and Mass Demonstrations)

Attachment M

PD Form 901-m (Assembly or Demonstration Reportable Force Report)

**E. NARRATIVE**

On 06/01/2020 at 400 H St NW to Thomas Circle NW members of ERT were deployed to assist CDU squads with controlling a riotous crowd that was throwing missiles at the police and stopping the destruction of property. Munitions deployment was authorized by Inspector Glover.

Below is the deployment type:

- (1) Stingball deployed (4th and H St NW)
- (1) Stingball deployed (4th and H St NW)
- (1) Stingball deployed (4th and H St NW)
- (5 bursts) OC MK46 deployed (400-700 H st NW)
- (1) 40mm rubber baton deployed (400 block H St NW)
- (1) Stingball deployed (4th and H St NW)
- (3) Stingball deployed ( 400-700 H St NW)
- (3) Stingballs deployed (400 H St NW)
- (1) Stingball deployed (400 Block of H St NW)
- (2) 40mm marking round (5th and H St NW)
- (1) Stingball deployed (500 H St NW)
- (2) 40mm rubber baton (7th and K St NW)
- (2) 40mm rubber baton deployed (7th and K / Massachusetts Ave NW)
- (2) 40mm impact round (800 K St NW)
- (1) CS Burner (7th and I St NW)
- (1) Stingball deployed - (Apple Store 801 K St NW)
- (2) 40mm Rubber Baton rounds (1) CS Stingball- (800 K St NW)
- (1 burst) MK9 OC deployed - 800 K St NW
- (1) Triple Chaser - 700 New York Ave NW
- (1) CS Burner - 800 H St NW
- (1) Stingball - 900 Massachusetts Ave NW
- (1) 40mm marking round deployed
- (1 burst) OC MK9 deployed (Vermont and Massachusetts Ave NW)

F. INVOLVED MEMBERS (space allotted for up to one full platoon, use additional sheets to capture more members, if necessary)

#1 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
#2 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
#11 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
				<input type="checkbox"/> XYES <input type="checkbox"/> NO	<input type="checkbox"/> XYES <input type="checkbox"/> NO
#12 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
				<input type="checkbox"/> XYES <input type="checkbox"/> NO	<input type="checkbox"/> XYES <input type="checkbox"/> NO
#13 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
				<input type="checkbox"/> XYES <input type="checkbox"/> NO	<input type="checkbox"/> XYES <input type="checkbox"/> NO
#14 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
				<input type="checkbox"/> XYES <input type="checkbox"/> NO	<input type="checkbox"/> XYES <input type="checkbox"/> NO
#15 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
				<input type="checkbox"/> XYES <input type="checkbox"/> NO	<input type="checkbox"/> XYES <input type="checkbox"/> NO
#16 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
				<input type="checkbox"/> XYES <input type="checkbox"/> NO	<input type="checkbox"/> XYES <input type="checkbox"/> NO
#17 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
				<input type="checkbox"/> XYES <input type="checkbox"/> NO	<input type="checkbox"/> XYES <input type="checkbox"/> NO
#18 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
				<input type="checkbox"/> XYES <input type="checkbox"/> NO	<input type="checkbox"/> XYES <input type="checkbox"/> NO
#19 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
				<input type="checkbox"/> XYES <input type="checkbox"/> NO	<input type="checkbox"/> XYES <input type="checkbox"/> NO
#20 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
				<input type="checkbox"/> XYES <input type="checkbox"/> NO	<input type="checkbox"/> XYES <input type="checkbox"/> NO
#21 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#22 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#23 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

**G. REVIEW**

REPORTING OFFICIAL PRINTED NAME	SIGNATURE	CAD NUMBER	DATE
Carlos Mejia	<i>Carlos Mejia</i>	<input type="checkbox"/> [REDACTED] <input type="checkbox"/>	<input type="checkbox"/> 060720

INCIDENT COMMANDER (OR SOD/HSB OFFICIAL) PRINTED NAME	SIGNATURE	CAD NUMBER	DATE
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	