



# METROPOLITAN POLICE DEPARTMENT STANDARD OPERATING PROCEDURES



## HANDLING FIRST AMENDMENT ASSEMBLIES AND MASS DEMONSTRATIONS

### ASSEMBLY/DEMONSTRATION REPORTABLE FORCE REPORT

#### A. INCIDENT INFORMATION

IS NUMBER	INCIDENT DATE	INCIDENT TIME	RELATED INCIDENT CCN	DISTRICT	PSA
[REDACTED]	August 29, 2020	2141	Unknown	3D	303
EVENT/DETAIL			LOCATION OF REPORTED INCIDENT		FORCE USED?
Riot			1900 Wyoming Avenue NW		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
TYPE OF FORCE USED (CHECK ALL THAT APPLY)					
<input type="checkbox"/> CDU PROTECTIVE GEAR WORN		<input type="checkbox"/> MECHANICAL FORCE		<input type="checkbox"/> NONE/OTHER - SPECIFY:	
<input type="checkbox"/> PHYSICAL FORCE		<input type="checkbox"/> CHEMICAL FORCE			
<input checked="" type="checkbox"/> OLEORESIN FORCE					

#### B. AUTHORIZING OFFICIAL

LAST NAME	FIRST NAME	RANK	CAD #
ELEMENT		ASSIGNMENT	

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

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

#### 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 - SPECIFY: Unknown liquid, surrounding officer	<input type="checkbox"/> YES, PROVIDE DETAILS IN NARRATIVE <input checked="" type="checkbox"/> NO



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## HANDLING FIRST AMENDMENT ASSEMBLIES AND MASS DEMONSTRATIONS

### E. NARRATIVE

On August 29, 2020, Officer [REDACTED] was assigned to CDU 54 riding a mountain bike. CDU 54 was tasked with supporting SOD who was monitoring a riotous group of subjects who were marching through the Third District setting fires and destroying public and private property. While performing in his official capacity Officer [REDACTED] became separated from his CDU Squad and was surrounded by a group of masked subjects who were blocking his path, pushing him and deploying small firework type devices at his feet. Additionally, an unknown subject doused Officer [REDACTED] with an undertermined fluid. Officer [REDACTED] deployed a single burst of his issued OC Spray at unidentified subjects and was able to break free of the crowd. Officer [REDACTED] notified Sgt. [REDACTED] as soon as he could. Officer [REDACTED] was taken to a DCFD Firehouse where he was decontaminated and was taken out of service for the night as a result.



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### F. INVOLVED MEMBERS

SPACE ALLOTTED FOR UP TO ONE FULL PLATOON, USE ADDITIONAL SHEETS, IF NECESSARY.

#1 LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED?	BWC ACTIVATED?
		Officer		<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 #	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#3 LAST NAME	FIRST NAME	RANK	CAD #	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#4 LAST NAME	FIRST NAME	RANK	CAD #	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#5 LAST NAME	FIRST NAME	RANK	CAD #	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#6 LAST NAME	FIRST NAME	RANK	CAD #	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#7 LAST NAME	FIRST NAME	RANK	CAD #	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#8 LAST NAME	FIRST NAME	RANK	CAD #	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#9 LAST NAME	FIRST NAME	RANK	CAD #	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#10 LAST NAME	FIRST NAME	RANK	CAD #	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#11 LAST NAME	FIRST NAME	RANK	CAD #	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#12 LAST NAME	FIRST NAME	RANK	CAD #	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#13 LAST NAME	FIRST NAME	RANK	CAD #	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#14 LAST NAME	FIRST NAME	RANK	CAD #	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#15 LAST NAME	FIRST NAME	RANK	CAD #	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#16 LAST NAME	FIRST NAME	RANK	CAD #	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#17 LAST NAME	FIRST NAME	RANK	CAD #	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO



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# LAST NAME	FIRST NAME	RANK	CAD #	BWC EQUIPPED? <input type="checkbox"/> YES <input type="checkbox"/> NO	BWC ACTIVATED? <input type="checkbox"/> YES <input type="checkbox"/> NO
#18					
#19					
#20					
#21					
#22					
#23					
#24					
#25					
#26					
#27					
#28					
#29					
#30					
#31					
#32					
#33					

### G. REVIEW

REPORTING OFFICIAL PRINTED NAME	SIGNATURE	CAD NUMBER
Sergeant [REDACTED]	[REDACTED]	[REDACTED]
INCIDENT COMMANDER (OR SOD/MSB OFFICIAL) PRINTED NAME		DATE
Lieutenant [REDACTED]	[REDACTED]	10/4/2020