
POLICE CONDUCT OVERSIGHT COMMISSION
Case Summary Data #7
January, 2017

OVERVIEW OF THE COMPLAINT

Reporting Party (RP) was told by a patient that, upon arriving on the scene to assist the patient who had fallen out of her wheelchair, a responder stepped on her shoulder, dislocating it. Further, Complainant claims that a responder accused Complainant of being a "drug addict". The patient also alleged to RP that, after responders were unable to find her medication, a responder yelled at the patient who was placed upon a gurney to, "get off my f@*#** cot right now." Complainant contends that the patient told her she complied with the responder's directive and removed herself from the gurney, entering her residence despite her injury. Also, the patient alleged to RP that she was embarrassed by being required to enter her residence in full view of neighbors as she was in her nightgown. The patient told RP that responders dissuaded neighbors from assisting her as they could be "arrested" for doing so. Officers and EMT personnel were at the scene.

ALLEGED VIOLATIONS

1. OPCR Ord. § 172.20(2) – INNAPROPRIATE LANGUAGE OR ATTITUDE
2. OPCR Ord. § 172.20 (8) – VIOLATION OF THE P&P MANUAL

1. MPD P&P § 5-105 (C)(1) – PROFESSIONAL CODE OF CONDUCT: Employees shall not use derogatory, indecent, profane or unnecessarily harsh language in the performance of official duties or while representing the MPD.
2. MPD P&P § 5-105 (A)(4) – PROFESSIONAL CODE OF CONDUCT: Employees shall use reasonable judgment in carrying out their duties and responsibilities. They need to weigh the consequences of their actions.
3. MPD P&P § 5-105 (A)(5) – PROFESSIONAL CODE OF CONDUCT: Employees shall be decorous in their language and conduct. They shall refrain from actions or words that bring discredit to the Department.

COMPLAINT PROCESSING

Internal Affairs received a "Minnesota Adult Abuse Reporting Center" report and forwarded the report/complaint to the Office of Police Conduct Review. Upon receipt of the report/complaint, an intake investigation was conducted and the matter was brought before the Joint Supervisors for intake review. Upon review, the Joint Supervisors decided to send it to a preliminary investigation and assigned an investigator. At the conclusion of the preliminary investigation, the Joint Supervisors reviewed the file and sent the file to coaching.

EVIDENCE

1. MAARC Report (Complaint)
2. VisiNet 1
3. VisiNet 2
4. Complainant's Statement
5. Statement of Paramedic 1
6. Statement of Paramedic 2
7. Statement of Paramedic 3
8. Medical Report

SUMMARY OF EVIDENCE

Complaint: According to the vulnerable adult's (Vulnerable Adult) case manager, Vulnerable Adult "woke up" on her kitchen floor and "began yelling". Neighbors reportedly heard Vulnerable Adult screaming and called 911. The case manager claims that Vulnerable Adult "was on a gurney[, and] an AP (Alleged Perpetrator) walked by and dislocated" her right shoulder. The case manager states that Vulnerable Adult said she was "scared and in disbelief" over what had occurred.

Additionally, the case manager asserts that Vulnerable Adult told him that an alleged perpetrator entered her residence and stated, "I see what is going on here, you're a drug addict," after she had requested the alleged perpetrators to search for her medication due to her medical condition and out of fear that someone would take them.

Further, the case manager contends that Vulnerable Adult told him that the alleged perpetrators told her that they already had "narcotics" medication and thus would not need to touch Complainant's medication.

Also, the case manager asserts that Complainant told him that an alleged perpetrator went back to look for her medication but could not find it. At this point, he contends that Complainant told him that an alleged perpetrator told her to "get off my f***ing cot right now". Next, the case manager asserts that Complainant told him that she unbuckled herself from the gurney and "slowly lowered herself to the floor and crawled back to [her] apartment" while alleged perpetrators were laughing at her.

The case manager contends Complainant also told him that she was in her nightgown and "exposed". When neighbors tried to assist, Complainant allegedly told the case manager that they were told to stay away or "be arrested." The case manager also claims that the Complainant told him that Complainant had to call 911 again and, upon telling what occurred to the new responder team, they were "disgusted and in disbelief".

VisiNet 1: In the report, the Problem is labeled as "Assist EMS Personnel". The following is noted in the report:

[Complainant] had allegedly fallen out of her wheelchair and she could not tell us how. She appeared to be under the influence of pain killers/opiates and admitted to taking oxycodone and oxycontin but later changed her story to say that she hadn't taken any. She was extremely upset over not knowing where her pill bottles were and after being taken out of a stretcher, unbuckled herself and got off, refusing service...She was extremely preoccupied with finding her pills and while she had said that her hip was dislocated[,] she later went back into her apartment under her own power. [Complainant] was adamant that she did not want to go to the hospital if it meant that her drugs would be left behind. She also said her boyfriend...had been in the apartment but was not on scene and noovycontin/oxycodone pill bottles were found in the apartment.

VisiNet 2: The Problem is listed as "Assist EMS Personnel" and different officers from the report were called to this incident. The following is noted:

RETURN CALL RE FALL....SAYS SHE IS STILL ON THE FLOOR AND HER HIP IS DISLOCATED & THINKS HER ARM IS NOW DISLOCATED...REQ EMS AGAIN. CLR ALSO WANTED TO MAKE COMPLAINT AND WAS XFER'D TO PCT...EMS REQ PD TO RESPOND TO CALL DUE TO PREVIOUS ISSUES THIS PERSON. CLR ADV SHE DOES TAKE NAR PAIN MEDS FOR A GENETIC DISORDER.

Complainant's Statement: Complainant asserted in the interview that she had had a fainting episode in her bathroom and was alone the night of the incident. After the episode, Complainant contended that she “couldn’t get up”, was in great pain, and subsequently yelled for help.

Complainant informed the investigator that she has a genetic disorder which affects her muscle tissues. This condition often times leads to dislocations, which Complainant asserted she can usually “pop...back in” and may occur between “40-50 times a day”. Further, Complainant informed the investigator that her condition has worsened over time, becoming ever more frequent and painful. She also asserted that “passing out” is a side-effect of the disease.

Complainant stated that her bone remained out of socket longer than usual, leading her to panic and call out for help. Due to her screaming, Complainant contends that neighbors eventually found her in her apartment and called 911. Shortly afterward, the police and paramedics arrived. However, Complainant claims that the neighbors left soon after the police arrived.

Though not entirely sure, due to another medical condition that affects her memory, Complainant believed that paramedics showed up first to her residence—who then upon arriving checked her vitals.

Next, Complainant asserted that officers arrived while paramedics had her on a stretcher. While on the stretcher, Complainant contends that she asked if she could change as she was in her negligee and didn’t “feel comfortable”. Upon asking, Complainant contended that assisting personnel told her, “Don’t worry about it. We’ll get you something to wear.” She could not recall but believed that either blankets, scrubs or a gown was brought to her.

In relation to her medication, Complainant asserted that she had left her medication in her home after she had been placed on the stretcher/gurney and asked if assisting personnel would go back to retrieve them as she has a “contract” with her doctor which expressly forbids her from leaving her medication out for others to find. Upon asking officers to get her medications, Complainant asserted that she was called a “drug addict” and “junkie” by one of the officers. She also claimed that his mannerisms and apparent anger disturbed her. She further contended that she attempted to explain to the officer that, “If those meds get taken, [she] loses [her] contract and this is [her] ability to live.” Complainant also stated that she understood that there might be protocol in which her medications would not be allowed in the ambulance. She elaborated, however, that she did not fear having her medications with her but that others may gain access to them as she believed her door to still be open.

When the officer refused to retrieve her medications, Complainant alleged that she asked the officer to bring her back to her door, but he refused despite her pleas that she had, “hit [her] head and [her] hip is out of socket” and that she needed to go to the hospital.

According to Complainant, she heard someone whisper “are we really doing this” in reference to her cot being lowered and her being dropped off away from her apartment door. Next, Complainant contends that she was lifted gently from the gurney onto the floor by several assisting personnel. She believed that the officer had convinced all those present to assist in removing her from the gurney. She also stated that she was in her negligee as, prior to being injured, she was relaxing in her home.

Complainant contended that she pleaded, while on the ground, with the officers and paramedics to at least take her to her apartment door, but she claims that everyone was dissuaded by an officer’s direction not to do so.

Complainant also asserted that she had mentioned to assisting personnel while on the gurney that she possessed a medical card specifying her condition. However, upon being asked to present the card by the investigator, the Complainant was not able to do so, instead stating that she had told those present about the card.

Complainant asserted that she is not able to walk and “crawled” back to her apartment that was a hundred feet away on her hands and knees in her negligee, and was exposed as she did not have any underwear on. Further, she claimed that the crawling put extra pressure on her shoulders, which often dislocate 14-15 times a day. Also, Complainant contended that her knee dislocated from the crawling. The crawling was exacerbated due to, Complainant asserted, the floors of the apartment hallway being made mostly of concrete.

After the incident, Complainant asserted that she spoke to her Personal Care Assistant (PCA) and explained the incident to him. She contended that her PCA filed the complaint on her behalf despite her pleas not to do so.

Complainant contended that she could not recall ever attempting to take off her buckles while on the gurney or if an officer/other assisting personnel went in to look for her medications. Complainant does recall that the buckles on the stretcher were really tight, however. She also recalled, upon prompting from the investigator, that an officer told her “get off my f****ing cot right now.” She also remembered that assisting personnel, though she was uncertain of whom, were laughing at her while she crawled to her apartment.

Complainant also asserted that she called again and another group of “kind” and helpful paramedics showed up to her apartment. Complainant also stated that she has problems remembering details as she has a condition that affects her memory.

In regards to the dislocation of her right shoulder, she believed that it likely happened accidentally while she was being assisted; she also commented that dislocations are common for her, perhaps occurring as many as 40-50 times a day. Complainant expressed more concern about being hurt emotionally by an officer. In contrast, Complainant contended that she was not “verbally abusive” to assisting personnel that night.

Complainant also stated that her medications were not in her purse, as stated by a report, but were still inside her home when she returned from the hospital. She also claimed that being removed from the stretcher was not of her “free will”. She also asserted that one officer—the one giving commands to others—was the main perpetrator that night.

In regards to the incident, Complainant stated the following:

Um, I just-, I just think it's not OK for [crying] people that are supposed to help you to literally sit there and laugh at you as you are crawling down the...hallway. It just...it was...it felt so wrong. It had felt so...I wish I would had had a witness there because this is truly what happened and I know there was some of the paramedics that knew that it was not OK. I mean I remember just hearing just hearing this and the paramedic that was pushing me from behind I remember him saying, you know, should we-, should we be doing this, um , along the lines of that. And I thought, oh, I have someone, you know, in my corner, maybe he's gonna say something. And I'm really sick. I mean this is nothing that I just...I needed help and not only did they not give me help, but I mean where's the liability[?] I hit my head. What if-, what if something would have happened to me overnight where I had a brain bleed or something and, you know, just seems like there is no liability sometimes with-, with these sops and they...he-, he just...this officer just did a really bad...he just did a really bad job.

Statement of Paramedic 1: Paramedic 1 asserted that he responded to the 2nd call involving Complainant. Paramedic 1 contended that he was told by the prior crew that he may run into “trouble” with Complainant; more specifically, he stated that the prior crew had told him that they couldn't transport her as she requested “her needs...be met before she go”.

Upon arriving, Paramedic 1 stated that he and his partner found Complainant crying on the floor of her bathroom. He also recalled that Complainant was “adamant” about acquiring her medication; however, Paramedic 1 asserted that it is general policy that paramedics take as little as possible with them to reduce liability. Paramedic 1 asserted that, after employing some “de-escalation”, a solution was derived in which Complainant’s boyfriend—who had just recently arrived—would take her medication with him to the hospital.

Paramedic 1 asserted that Complainant was “verbally resistive” and exhibited high anxiety; however, he contended that other paramedics were able to calm her down by telling her something to the effect of “everything is going to be OK”.

Paramedic 1 also stated that Complainant was dressed in fairly short “bed wear” and that they used blankets to cover her. He also asserted that Complainant’s boyfriend was calm and that officers were present for the 2nd call.

Paramedic 1 also stated that Complainant had mentioned something to the effect that she had had a “negative experience” with the previous crew. An officer at the scene, he claimed, had mentioned that he had had difficulty with her previously. He also claimed that Complainant was not “physically resistive” with himself or the other paramedics.

Statement of Paramedic 2: Paramedic 2 contends that he responded to the 2nd call and was informed by a previous crew that Complainant may be difficult; more specifically, that she refused transport multiple times, attempted to get off a stretcher, and was adamant about her medication.

Paramedic 2 asserts that Complainant had told him that an officer had referred to her as a “junkie” as he also accused her of using her drugs beyond her prescriptions. In relation to force, Paramedic 2 alleges that Complainant never complained of force being used against her by an officer but did mention that “they were just encouraging her to go” and also that “everybody just kind of grabbed her to make sure she wouldn’t fall due to the stretcher being in the upright position.”

Upon arriving at the scene, Paramedic 2 contends that Complainant was “crawling around inside of her apartment”. He does not believe that Complainant told him of any dislocations caused by an officer as she was “upset about the situation and...in so much pain...that she did not overly elaborate.”

Paramedic 2 asserts that Complainant was cooperative with him and his staff. Paramedic 2 also claims that he and his staff “worked diligently” to calm Complainant, who was especially fixated on her medication.

In response to a question from the investigator in which he asks if Complainant may have been a “seeker”, Paramedic 2 responded that she had the potential to be a “drug seeking” and it may have been that Complainant was “dramatizing” her pain as she immediately showed signs of less pain after a compromise had been hashed out regarding the medication.

After an almost 15-minute pause, the investigator asked Paramedic 2 if Complainant ever mentioned anything that “caused concern” in regards to misconduct, to the Paramedic 2 replied that he could see how Complainant could have, “pushed buttons...to...inflict the response that may not be in the most professional manner.”

Statement of Paramedic 3: Paramedic 3 asserts that he responded to the first call and found Complainant lying in her kitchen. He contends that she complained of pain in her hip and that another person was with her. He further states that he and another paramedic helped to assist Complainant onto a stretcher but she began to complain

about her medications. Paramedic 3 alleges that officers attempted to find the medication but were unsuccessful. Upon being told that they could not find the medication, Paramedic 3 claims that Complainant “refused EMS” while they were waiting at the elevator to take her down.

Not long after, Paramedic 3 contends that Complainant tried to “jump off the stretcher”, and he and his partner had to dissuade her from doing so. However, Paramedic 3 could not recall if they or she unbuckled her from the stretcher. Only after the investigator read from an EMS report written by Paramedic 3’s partner did he recall the statement that Complainant had unbuckled herself.

Paramedic 3 did recall that Complainant was adamant about acquiring her medication. The investigator also asked if Paramedic 3 believed that Complainant was a “seeker”, to which he replied that he, “did get that impression from her.”

He also confirmed, when asked, that Complainant had become “verbally hostile” and that she had “crawled” to her apartment from the elevator. When asked if an officer ordered her off of the stretcher, Paramedic 3 states that, “they kind of just told her, I mean, like, you know, if you don’t want it then, you know...if you don’t want our help, then we can’t help you.”

Paramedic 3 also could not remember if Complainant was wearing underwear or not when asked by the investigator. He did recall, however, that “somebody” who lived down the hall from Complainant came over and “asked what was going on” or something to that effect, but could not recall if officers threatened to arrest him. He also asserted that Complainant “crawled” off of the stretcher of her “own free will”.

Paramedic 3, upon being asked, could not recall if a “refusal of service” form was signed by Complainant; instead, he claims that Complainant was not, “happy with what, uh, with what we were doing.” He claims that she “was not pleasant at all”.

Upon being asked if an officer had referred to Complainant as a “junkie”, Paramedic 3 said he could not recall if an officer made that kind of statement but asserted that they were “all kind of thinking” it.

Lastly, Paramedic could not recall if he or his partner had talked to the next crew.

Medical Report: In the report, the incident is listed as a “FALL”. In the report, it is noted that “Shoulder”, Waist Belt”, “Upper Leg Belt”, and “Lower Leg Belt” were used to transport Complainant. The following is also noted:

UPON LEAVING APPARTMENT [COMPLAINANT] BECAME VERBALLY ABUSINVE BECAUSE SHE DIDN'T HAVE HER...MEDICATIONS AND STARTED UNBUCKLING THE STRAPS WHILE COT WAS FULLY ELEVATED TO TRANSPORT POSITION. [COMPLAINANT] WAS FORCED BACK WITH A GENTLE PUSH ON HER LEFT SHOULD AND SEAT BELTS REAPOLIED AND STRETCHER LOWERED. AT THIS POINT [COMPLAINANT] BEGAN STATING SHE WASN'T LEAVING WITHOUT HER NARCOTICS BECAUSE THEY WOULD GO MISSING, [COMPLAINANT] WOULD NOT LISTEN TO MPD WHEN THEY TOLD HER ALL HER MEDICATIONS WERE WITH HER IN PURSE. [COMPLAINANT] BECAME INCREASINGLY VERABLLY HOSTILE AND REFUSED TO COOPERATE AND GOT OFF STRETCHER AT LOWERED HEIGHT AND WENT BACK INTO APARTMENT. ALL THE WHILE ACCUSING [EMS] AND MPD OF TAKING HER MEDICATIONS AND BEING DISRESPECTFUL BECAUSE SHE NEEDS HER NARCOTICS

COACHING

The matter was sent to coaching for potential violation of MPD P&P 5-105 (A)(5), whereupon the supervisor allegedly reviewed the “case investigation/911 audio/radio transmissions”. After review of this material, and after discussing the matter with both officers, the supervisor did not find a policy violation nor coach the officers. The supervisor noted in support:

From review of case investigation report and speaking with the employee, the employee handled the call in a professional manner with a confused and uncooperative party. Employee attempted to assist comp. with medical attention, transport and checked multiple areas for comp.'s medications at her demanding request. Employee did not recall any neighbors at the scene after initial arrival and being told that the comp. may have fallen and needed an ambulance. Employee remembers that when officers arrived that comp. was down and complained of hurting her hip, arm, and or shoulder. Employee requested medical help for comp. Comp.'s medication could not be located after officers checked several times. Comp. became more irate and uncooperative and attempted to get off the elevated gurney that she was on, refusing transport. Paramedics and officers prevented the comp. from getting off the elevated gurney. Once lowered, the comp. got off on her own and went back into her apartment refusing medical assistance. Employee is now issued a BWC and we talked about having one operating on this type of call would be helpful in the future.