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LETTER FROM SHERIFF JOSEPH LOMBARDO

On October 1, 2017, tragically and unexpectedly, Las Vegas, Nevada, became the stage for the worst mass shooting in modern history to date. That night, more than 22,000 people came together to enjoy a country music festival. On the third and final night of the festival, a lone gunman opened fire into the crowd from the 32nd floor of the Mandalay Bay Resort and Casino. The gunfire continued for over 10 minutes, resulting in the deaths of 58 innocent concertgoers and the documented injuries of over 850 survivors. With law enforcement closing in, the shooter took his own life.

In the days and months since this horrific crime took place, the Las Vegas Metropolitan Police Department (LVMPD) has worked tirelessly to author the after-action review detailing our response to what has become known as “1 October.” This report is a critical, administrative review that details our overall response: preparedness, communication, tactical response, command and control, medical response and resources, crime scene preservation and evidence collection, media response and coverage, training and equipment, and the care of first responders in the aftermath. In addition, this report gives multiple recommendations from lessons learned.

At LVMPD, we pride ourselves on being a learning organization. We continually strive to find better, safer, and more efficient practices in all aspects of policing to best serve our community. Reflection and review of our overall response to this event are necessary for the victims, ourselves, the Las Vegas community, and the first-responder community at large.

In our chosen profession of policing, we often cannot control what takes place on the ground that we have been commissioned to protect and serve. However, we always have control over how we respond in the aftermath. Taking a critical look at LVMPD’s performance—so the Agency and others in the profession can learn from how we responded—is a valuable exercise. A comprehensive review of our work can save lives, which is the ultimate goal of first responders.

LVMPD recognizes and thanks all our local, state, and federal law enforcement partners for their assistance with this investigation and after-action review. We also thank the unknown heroes who did their part in saving lives on 1 October. We thank countless individuals and businesses of this great Las Vegas community who expressed sympathy, provided food, and supported LVMPD and all first responders. Whoever you are, wherever you go, you belong to our first-responder family—and a city that is forever “Vegas Strong.”

Respectfully,

Joseph Lombardo, Sheriff
Clark County, Nevada
OVERVIEW OF THE LAS VEGAS METROPOLITAN POLICE DEPARTMENT

The City of Las Vegas was founded in 1905 as a part of Lincoln County. In 1909, it became the county seat for the newly created Clark County. Today, Clark County covers approximately 7,560 square miles and is home to 2,149,624 people. The city’s population is 1,560,256. This number does not include the tourist volume, which exceeded 42 million visitors in fiscal year 2017–2018. Clark County continues to be one of the fastest growing communities in the United States.

When the City of Las Vegas Police Department and the Clark County Sheriff’s Office merged on July 1, 1973, the Las Vegas Metropolitan Police Department was created. LVMPD is commanded by an elected sheriff and is responsible for all police services within the City of Las Vegas and the unincorporated areas of Clark County.

In fiscal year 2017-2018, LVMPD employed 3,182 police officers and 1,310 civilians for a total of 4,492 employees, leaving an officer ratio of two for every thousand residents. In addition, 846 corrections officers and 300 civilians for a total of 1,146 employees held detention services positions. (See Appendix B for LVMPD’s organizational chart in effect on October 1, 2017.)

**Vision:** To be the safest community in America.

**Values:** Integrity, Courage, Accountability, Respect for People, Excellence (ICARE).

**Mission:** Serve people, strengthen relationships, and improve the quality of life.

**Goals:**

L Lead through empowerment and accountability.

V Value our employees and those we serve.

M Maximize trust, transparency, and communication.

P Protect the public through education, innovation, and enforcement.

D Develop and enhance community relationships.

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ACKNOWLEDGMENTS

We would like to thank the thousands of LVMPD personnel and local first responders who provided their stories, personal accounts, and reflections from 1 October. Sheriff Lombardo and LVMPD would like to thank all those who participated in the after-action review process. While there are many agencies and individuals who helped with this project, special recognition goes to the authors of this report: Detective Stephanie Ward with the Internal Oversight & Constitutional Policing (IOCP) Bureau, specifically the Critical Incident Review Team (CIRT); Captain Kelly McMahill of South Central Area Command; Executive Director Christine M. Cole of the Crime & Justice Institute (CJI); Senior Policy Specialist Sarah Lawrence of CJI; and Noel Yucuis of Line Item Consulting. These five individuals contributed to the analysis, organization, drafting, and editing, and without these individuals, this publication would not have been possible. Funding was provided by the National Institute of Justice (NIJ). Special thanks go to the NIJ for its continuing support of LVMPD.

We greatly appreciate the valuable perspective received from approximately 650 individuals who participated in interviews. We are also thankful for the members of the 1 October After-Action Review Task Force, which included Lieutenant Michael Gennaro; Sergeants Justin Marzec and Jonathan Riddle; Police Officers Anthony Brumaghin, Chrisnar Sok, Jason Jennings, Rae Ann Armstrong, and Christopher Lee; Detectives Stephanie Ward, Karl Lorson, Thomas Albright Jr., Andrew O’Grady, and Cesar Sedano; and Office of Internal Oversight Analysts Jill Cook and Roderic Garcia. Aside from their regular assignment responsibilities, Administrative Assistant Ana Chavez, members of the IOCP Executive Support Staff, Nathalie Quinteros and Tamela Hebert, and internal subject matter experts contributed greatly to the content, and their time is appreciated.

Lastly, to the first responders and medical personnel across the Las Vegas valley who put their lives on the line to protect this community, victims and survivors thank you. Your bravery, heroism, and honor will never be forgotten.

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2 CJI works with local, state, and national criminal justice organizations to improve public safety and the delivery of justice throughout the country. CJI is a division of Community Resources for Justice.

3 The National Institute of Justice is the research, development, and evaluation agency for the U.S. Department of Justice.
I. INTRODUCTION

Las Vegas, Nevada, is home to more than one and a half million residents and an entertainment mecca for over 42 million tourists annually. On October 1, 2017, residents and tourists alike were attending the Route 91 Harvest Music Festival at the Las Vegas Village lot located across from the Luxor Hotel and Casino. As the final country music act took the stage, ending the three-day festival, Stephen C. Paddock (hereafter “the shooter”) fired rounds into the crowd in excess of 22,000 attendees. The gunfire began at approximately 10:05 p.m. and continued for over 10 minutes, with an excess of 1,000 rounds fired from various rifles from the 32nd floor of the Mandalay Bay Resort and Casino. The tragic result was the loss of 58 innocent lives and over 850 injured attendees.

As shots rang out, hundreds of southern Nevada law enforcement officers responded from multiple jurisdictions. In the days following, thousands of first responders and civilian personnel assisted in the worst mass-casualty incident this country has endured in modern history.

Sheriff Lombardo of LVMPD requested a thorough after-action review (AAR) be conducted on the events leading up to, during, and after what our city has named “1 October.” This review details what happened that day, identifies ways in which LVMPD can improve, and creates a document from which other law enforcement agencies can learn.

LVMPD is dedicated to conducting in-depth reviews of critical incidents within the Agency. This 1 October AAR is no exception and serves the purpose of defining and making recommendations regarding preparedness, multi-agency incident response, and subsequent multi-agency investigation into this horrible tragedy.  

The undertaking of this review is to probe deeply into what went well and what could have been done differently but also to collect lessons learned for other organizations. As the number of active-shooter incidents grows annually around the world, the more we share within the field, the better positioned we all are to respond effectively to the scene and to victims, their families, and the community at large.

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The first section of this AAR describes the methodology behind this effort and the different sources from which the findings and recommendations are drawn. The remainder of this review is organized around a series of themes that emerged from the analysis, such as leadership, partnering agencies, equipment, and technology, among many other topics. Each section provides an overview of the events and response, a discussion of what worked well, lessons learned for LVMPD and the field of policing in general, and recommendations for the Agency moving forward.
II. METHODOLOGY

In the days immediately following 1 October, LVMPD initiated efforts to document many aspects of the incident and response. In the weeks and months that followed, information from a variety of sources was obtained and analyzed and served as the basis for this review. These efforts were led by LVMPD and supplemented by information from the following partnering agencies:

- Clark County Fire Department (CCFD)
- Henderson Police Department (HPD)
- North Las Vegas Police Department (NLVPD)
- Federal Emergency Management Agency (FEMA)
- Las Vegas Fire and Rescue (LVFR)
- Federal Bureau of Investigation (FBI)
- Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF)

The collection of data began in October 2017 and consisted of the following: several hundred AAR interviews including a department-wide survey, Officer’s Reports and civilian memorandums, radio traffic from the incident, 9-1-1 emergency calls, body-worn camera (BWC) videos and crime scene photographs, desk rosters, news and social media, and the Criminal Investigative Report.

Sheriff Lombardo directed there be information collection and analysis related to the Agency’s collective response to 1 October. The intent was to gain a detailed understanding and document the movements and actions of all LVMPD responders.

The following data sources describe the various methods employed by LVMPD personnel to collect and analyze the information used to formulate the findings and recommendations presented in this report.
A. After-Action Interviews

Interviews with civilian and commissioned LVMPD personnel, as well as other local and federal partnering responders, were the primary information source for this review. Beginning in late November 2017, representatives from FEMA interviewed participating personnel to assess the emergency response to 1 October. In early December 2017, LVMPD launched its own series of interviews to build on and expand FEMA’s efforts. The purpose of these interviews was to understand LVMPD’s response to this critical incident relating to the onset of the incident, communications and radio traffic, scene response, incident command and control, medical resources and response, crime scene preservation, evidence collection, training and equipment, and employee and community resources.

Between December 2017 and February 2019, team members conducted numerous interviews involving approximately 650 individuals, ensuring internal consistency and allowing themes and trends to be identified more readily. Interviews were conducted both in a one-to-one setting and in a group setting ranging from three to more than 20 people; the interviewees’ roles and/or availability typically dictated the choice of setting. Follow-up and clarifying questions were conducted in person and/or by phone. Each session lasted an average of one to two hours, and none of the interviews were recorded. No one declined to be interviewed.

In addition to commissioned and civilian personnel of LVMPD, interviewees included representatives from the fire department, coroner’s office, FBI, and ATF as well as community groups, survivors, and Mandalay Bay employees, among others. A general set of questions was used for the interviews, focusing on the interviewees’ first notification of the incident, initial response, actions taken, defined roles, and post-incident and after-action reflections. Interview questions were tailored to the specific roles of the interviewees, but participants received a standardized set of instructions that explained the voluntary nature of the interview. The participants were informed that responses would remain anonymous unless they granted permission to be quoted.

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5 Note that these interviews do not include those conducted as part of the criminal investigation. For more information on the criminal interviews, see Las Vegas Metropolitan Police Department, Criminal Investigative Report of the 1 October Mass Casualty Shooting.
B. Survey

LVMPD developed a survey for all commissioned and civilian LVMPD personnel. All personnel who “responded in any capacity within the first operational period” were asked to complete the survey. A link to the online survey was shared in a department-wide email from Sheriff Lombardo on November 20, 2017. The survey, conducted through Survey Monkey, included 22 questions, many of which allowed open-ended narrative responses. Survey questions covered issues of training, equipment, communication, and overall preparedness, among other topics. A total of 672 surveys were submitted. The total response rate is unclear because those who did not respond on 1 October were not required to complete the survey, and that number is unknown. In addition, some staff members who did not respond during the first operational period may have submitted survey responses. Overall, approximately 15 percent of all commissioned and civilian personnel submitted survey responses.

C. Officer’s Reports and Civilian Memorandums

Within one week of 1 October, all commissioned personnel who responded to the incident in some capacity were directed by Administrative Notice AN-017-17 to complete an Officer’s Report for Active Shooter, documenting their actions and movements (see Appendix C for the Administrative Notice for Active Shooter pertaining to 1 October). Approximately 500 reports were submitted and thoroughly reviewed for this report. On February 20, 2018, a similar request was distributed to civilian employees, including dispatch and crime scene investigators, requesting they provide information about their role and whereabouts during the events and response to 1 October. Approximately 100 civilian memorandums were completed and reviewed. The statements varied in depth and detail, ranging in length from a few sentences to multiple pages.

D. Radio Traffic

The first 54 minutes of the event produced approximately 600 transmissions on one radio channel, the Convention Center Area Command (CCAC), located less than four miles north of the Las Vegas Village lot. Hours of radio traffic were reviewed, analyzed, and used to paint a picture of officer movement, the officers’ knowledge in real time, the nature and level of communication throughout the incident, and the immediate response. Additionally, radio traffic was used to identify lessons learned about communication and dispatch elements such as radio discipline and command and control.

E. 9-1-1 Emergency Calls for Service

LVMPD’s Communications Bureau received 7,875 calls from 10:00 p.m. to 8:00 a.m. and answered 4,949 incoming calls to the call center. Audio recordings of emergency calls for service on 1 October were reviewed to establish a sequence of events as well as internal communications.
F. Body-Worn Camera and Air Support Videos

Over 3,090 BWC videos were generated on 1 October and stored using Axon’s Evidence.com service. It is worth noting that not all videos generated on 1 October related to the mass shooting; rather, some were connected to other calls for service throughout the valley. Three air support videos were also generated. LVMPD personnel assigned to the 1 October Task Force reviewed and cataloged these videos over 36 working days. These videos were important to confirm accountability, individual movements, actions, and timing, as it was impossible to interview all commissioned personnel. Additionally, BWC footage was used to confirm elements of securing the multiple crime scenes involved.

In May 2018, the Agency created a team of detectives that continued to review the thousands of BWC videos. This team was specifically assigned to the Office of the General Counsel and began redacting the videos for media release. The redaction team is discussed in later sections.

G. Crime Scene Photographs

LVMPD and the FBI collected thousands of photographs to aid in the criminal investigation. The FBI stored these photographs. Task force members were given permission to use the photographs during interviews related to this AAR.

H. Desk Rosters

Forty-seven desk rosters including over 5,500 personnel from 11 different bureaus within LVMPD were reviewed. These desk rosters helped to establish or verify the whereabouts of thousands of LVMPD personnel during the response to 1 October. This important resource served as a way to help verify individuals’ locations and confirm work assignments at the time for accountability purposes.

I. News and Social Media

Social media documented 1 October as it unfolded. LVMPD’s Public Information Office (PIO) produced press releases, tweets, Facebook posts, and media briefings as well as compiled other local and national media coverage and external social media activity. LVMPD’s most read tweet, on October 2, offered a phone number for families looking to locate missing loved ones. This tweet reached 15.5 million users and was retweeted 76,000 times. Approximately 391 news articles related to the incident were collected by the 1 October Task Force as of February 27, 2018. This information was used to evaluate timely external communications of the incident as it unfolded and, in the days, weeks, and months following.

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6The 1 October Task Force used the BWC videos uploaded from October 1, 2017, at 10:00 p.m. through October 2, 2017, at 5:00 a.m.
J. FEMA After-Action Report

A FEMA-sponsored after-action development team—including CCFD and personnel from LVMPD’s Emergency Management (EM) and Multi-Assault Counter Terrorism Action Capabilities (MACTAC) sections—was formed to author an AAR. The purpose of FEMA’s report was to review the integrated response to 1 October between the fire department and law enforcement. The Internal Oversight & Constitutional Policing Bureau assisted with interviews and provided feedback during the process. Several interviews were a collaborative effort and were reviewed and cross-referenced before being utilized for this AAR.

K. Criminal Investigative Interviews and Report

A criminal investigation began immediately following the mass shooting. LVMPD’s Force Investigation Team (FIT), Homicide detectives, and the FBI interviewed key civilian witnesses, commissioned police officers, hotel employees, and family and friends of the shooter. Investigators conducted over 40 interviews with commissioned police officers and numerous interviews with civilian employees. These interviews were used to develop key lessons learned in training, equipment, and policy.

On January 19, 2018, Sheriff Lombardo released a preliminary investigative report with the facts known to investigators at the time. On August 3, 2018, the Criminal Investigative Report was released to the public. For the purpose of this AAR, the Criminal Investigative Report was used to establish a sequence of events and confirm facts pertaining to the criminal investigation.

III. PREPAREDNESS

The incident tested the capabilities of LVMPD in new and different ways. The unfolding events were unpredictable and unprecedented. While adequately planning and preparing for an event of such magnitude and scope may seem impractical, the Agency had been working toward preparedness, training, and planning for many years. This section describes the Agency’s extensive planning efforts including multi-agency training, private-sector engagement, and our uniquely situated Events Planning Section.

A. First Responder Readiness

Training is a critical component for LVMPD as it is for any law enforcement agency. LVMPD gained an understanding of the significance of a comprehensive training program while undergoing the Collaborate Reform Process with the Department of Justice in 2012. Today, the Agency is dedicated to the following programs that assisted in overall preparedness on 1 October.

**Advanced-Officer Skills Training (AOST)** is an annual mandatory requirement for officers at the rank of sergeant and below. This nine-hour training focuses on advanced skills for officers and sergeants. Officers experience five different evolutions: a use-of-force refresher (classroom instruction), hands-on defensive tactics, electronic control device (ECD) annual recertification, and two practical application scenarios in use-of-force recognition and response. These scenarios are based on lessons learned from critical incidents in our agency. Training focuses on communication, team tactics, and de-escalation.

**Reality-Based Training (RBT)** is an annual mandatory requirement for officers and sergeants who function in an operational capacity. This training is four hours in length and focuses on patrol tactics and team dynamics for responding to potentially critical calls. The training objectives and curriculum are based on local and national trends identified by members of RBT personnel and CIRT. The topics include command and control, mindset, and team tactics. The training involves classroom instruction followed by reality-based scenarios, which allow squads to apply the principles learned in the classroom.

**Firearms training** is required quarterly. Officers are required to complete quarterly firearms training in which they must qualify with each weapon system they are authorized to carry while on duty. The quarterly firearms training sessions are 2–3 hours long, depending on the training to be completed. In 2018, scenario-based training was incorporated into two quarters of the required annual training.
MACTAC is a counterterrorism response concept with a single mission of saving lives. It provides officers with options based on tactical knowledge, skills, and abilities in response to extreme, violent incidents that require immediate police intervention. This concept focuses on a coordinated response to mitigate an active shooter, hostage situation, and/or siege in conjunction with responding tactical teams. LVMPD trains with all partnering law enforcement and fire departments in Clark County. First-responder partners receive MACTAC training as early as police and fire academies and recertify annually. This coordinated training effort between law enforcement and fire undoubtedly saved countless lives on 1 October.

B. Private-Sector Engagement

Las Vegas Convention and Visitors Authority

The Las Vegas Convention and Visitors Authority (LVCVA) is unlike a typical convention and visitor’s bureau because it is not a membership-based organization. Its mission is to attract visitors by promoting Las Vegas as the world’s most desirable destination for leisure and business travel. The LVCVA is a governmental agency established by state law, funded by a county room tax, and governed by an autonomous board of directors.

Today, the entire southern Nevada economy depends heavily on the hotel, gaming, and convention industries, which employ more than 25 percent of the county’s labor force. The viability of the economy in Clark County depends on the volume of visitors to the region.

The LVCVA provides a vital service for the public by contributing to the growth of the economy across all of southern Nevada. The LVCVA’s marketing efforts cover more than 160,000 hotel and motel rooms in southern Nevada. With over 21,300 conventions hosted in Las Vegas and over 45 million tourists annually, the total impact of tourism on southern Nevada’s economy in 2017 was $58.8 billion. Appendix D details the number and size of LVCVA events.

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8 A concept created by former LAPD Chief William Bratton, MACTAC™ is an acronym used by multiple jurisdictions to designate counterterrorism response programs. LVMPD uses this name as part of a joint collaborative effort that merges tactical response programs developed independently by each agency.

Las Vegas Security Chiefs Association

In 1987, several security directors of downtown properties formed the Las Vegas Security Chiefs Association (LVSCA). Its mission was to promote security professionalism and enhance communications between one another and with law enforcement agencies in the community. While the mission remains the same 32 years later, the Association has expanded to include hotel/casino properties in Las Vegas, North Las Vegas, Henderson, Laughlin, Mesquite, and Reno with approximately 125 active members as well as 223 membership supporters representing law enforcement and public service agencies throughout Clark County. The LVSCA represents more than 7,000 proprietary security officers in Las Vegas.

With continued support from LVMPD, the public, and other law enforcement agencies in Clark County, the LVSCA has established a working model for tourist communities across the country. Over the years, the relationship has grown into a partnership between the LVCVA and LVSCA. Through this growth, open communication and trust continue to promote safety in the Las Vegas community. In late 2016, leadership from CCAC, one of LVMPD’s nine substations, formed the “Guardian Group,” consisting of CCAC, LVCVA, and LVSCA.

In order to communicate and protect the Las Vegas Strip corridor, LVMPD leadership established communication with the Guardian Group in April 2017. The Guardian Group receives pertinent and timely information, for example, notifications of a fire location at a hotel property with known or unknown injuries handled by the fire department. Other notifications pertain to criminal activity such as bank/casino cage robberies, stabbings, homicides, active-shooter incidents, and road closures pertaining to auto/pedestrian fatalities.

In the minutes following the notification of an active shooter on 1 October, Agency leadership notified the Guardian Group of an active shooter at the Mandalay Bay Resort and Casino. The Guardian Group immediately locked down and secured its respective properties. Within minutes of being notified, many properties secured all points of entry with security personnel and made internal notifications to employees and guests.

**Recommendation #1:** Maintain open communication with key stakeholders in the tourism industry by holding monthly meetings and sending notifications when necessary to the Las Vegas Convention and Visitors Authority, Las Vegas Security Chiefs Association, and community stakeholders.

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**Recommendation #2:** Support the education of and partnership with the Las Vegas Convention and Visitors Authority and the Las Vegas Security Chiefs Association with awareness training on “See Something, Say Something” as well as “Run, Hide, Fight.”

**C. Command Post Liaison Identification Card**

LVMPD experienced several significant incidents on the Las Vegas Strip that required sizable police resources. An Incident Command Post (ICP) was established in many of these incidents. These incidents highlighted the importance of having hotel and casino leadership available to answer questions and make sound decisions regarding their properties. LVMPD leadership created a Command Post Liaison Identification Card for these individuals, so they might quickly respond to the ICP during significant incidents and be available to LVMPD area commanders. On 1 October, it was difficult for Mandalay Bay executives to gain access to the ICP located at South Central Area Command (SCAC); the officers who secured the perimeter did not recognize the Command Post Liaison Identification Card because they were not assigned to CCAC.

**Recommendation #3:** Incorporate training, specifically for all commissioned officers within each area command, on the importance and requirements of the Command Post Liaison Identification Card.

**D. Private Sector Emergency Response Teams**

In the spring of 2017, MGM resorts developed an Emergency Response Team (ERT) program. This program provides specialized armed Emergency Response Team Officers (ERTOs) who complement existing security programs. ERTOs provide highly visible, covert armed security on MGM properties. ERTOs intervene in potential emergencies including acts or threats of violence involving a weapon. In addition, ERTOs mitigate incidents through the early detection and/or disruption of criminal conduct or other undesirable activity. An Emergency Response Team responds immediately, before law enforcement arrives.

In the aftermath of October 1, LVMPD leadership and the private-sector hotel industry held conversations about the tourist corridor of the Las Vegas Strip. The discussions centered on the responsibility of private-sector partners to maintain and train hotel and casino security personnel to safely address violent threats on their properties. As of the completion of this report, numerous Las Vegas Strip properties, including several MGM resorts, have implemented this program and trained employees in active-shooter response for their respective hotels and casinos.

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E. Events Planning Section

In the early 1980s, LVMPD created the Events Planning Section and began to regulate overtime worked by officers. In many agencies across the country, officers are permitted to “moonlight” at private establishments to earn extra pay. Due to Las Vegas being a city with legal gaming and a large hotel/nightclub industry, regulated overtime was established to prevent officers from engaging in possible conflicts of interest and/or being exposed to bribes. A system was put in place mandating that the private sector reimburses the Agency directly for overtime worked by officers. In recent years, LVMPD has created a fair and equitable system in which officers desiring to work overtime sign up using web-based software that randomizes overtime assignments.

LVMPD’s Events Planning Section strategizes and coordinates the staffing of special events, unplanned events, protests, and dignitary visits throughout Las Vegas and Clark County, Nevada. This section works with private entities, public works, fire and emergency medical services, and any external stakeholders, such as hotels, casinos, and nightclubs, to ensure the safety of events while minimizing the impact on the community. LVMPD’s Events Planning Section is unique among law enforcement agencies.

On October 1, 2017, LVMPD’s Events Planning Section was composed of one lieutenant, one sergeant, eight police officers, and three civilian support staff members. The Events Planning Section assigns commissioned officers to coordinate, organize, create, and distribute an Incident Action Plan (IAP) for an event (see Appendix E for an example IAP format). An IAP for any special event within LVMPD includes the following sections: incident name, branch, division/group, operational period, resources assigned including specific locations and areas of responsibility, map of the event or venue, situation, event mission, execution, command and control, event contacts with phone numbers, required equipment, policy reminders, and any homeland security concerns.

In addition to coordinating events, officers assigned to the Events Planning Section are responsible for conducting an after-action review following each special event. The information learned is important for future planning as it pertains to staffing, crowd control, ingress, and egress. If an observation or concern is specific to an event, it is documented for future planning. When the observation is general, such as the need for more medical bags at specific locations, it can be applied to all events currently in planning and corrected immediately on all IAPs.
F. Route 91 Harvest Music Festival

The Route 91 Harvest Music Festival was a three-day, open-air country music festival. The festivities began Friday, September 29, 2017, and lasted through Sunday, October 1, 2017. The festival has been held at the Las Vegas Village lot, located at 3901 Las Vegas Boulevard South, Las Vegas, Nevada, for the past three years. The lot sits directly across the street from the Luxor Hotel and Casino on the Las Vegas Strip. The gates opened daily for ticketholders at 1:00 p.m. and closed at 1:00 a.m. the following day. Attendees enjoyed live entertainment, merchandise, food, and drinks. With sold-out crowds, officers working the event expected medical-related calls, alcohol-related fights, and minor bumps and bruises from attendees.

The site of 1 October was similar to many open-air events held across the country. In 2014, 57 officers were assigned to work the event. As the event grew in popularity, becoming a sold-out event with tame crowds, the number of officers assigned to work the event decreased over the years.

In preparation for this event, the Events Planning Section held three planning meetings and conducted a tabletop exercise, involving over 30 hours of planning. During the tabletop exercise on September 8, 2017, the Events Planning Section discussed ingress/egress to the north of the venue, evacuations, and wind concerns.

G. Route 91 Harvest Music Festival Event Staffing

In 2017, an officer assigned to the Events Planning Section, was responsible for coordinating the festival. He established specific areas of assignment for the officers working the event. Fifty-one LVMPD employees (50 commissioned employees and one civilian) worked overtime each day during the three-day music festival. Overtime staffing consisted of one lieutenant (overtime Incident Commander), five commissioned sergeants, 44 commissioned police officers, and one civilian. An LVMPD officer and a civilian worked the interior Command Post (CP) located in the northeast section of the Las Vegas Village lot on October 1, 2017.

Number of LVMPD Officers Assigned to Route 91 Harvest Music Festival

<table>
<thead>
<tr>
<th>Year</th>
<th># Officers</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>57 at max</td>
</tr>
<tr>
<td>2015</td>
<td>53 at max</td>
</tr>
<tr>
<td>2016</td>
<td>48 at max</td>
</tr>
<tr>
<td>2017</td>
<td>50 at max</td>
</tr>
</tbody>
</table>

In preparation for this event, the Events Planning Section held planning meetings and conducted a tabletop exercise, involving over 30 hours of planning. During the tabletop exercise on September 8, 2017, the Events Planning Section discussed ingress/egress to the north of the venue, evacuations, and wind concerns.

LVMPD’s Events Planning Section held planning meetings on September 14, 21, and 28, 2017.
In order to ensure the safety of attendees during the festival, several stakeholders maintained a position at the interior CP that weekend: AdAir monitored the interior and exterior cameras at the festival, and Contemporary Services Company (CSC) and MGM Production and Corporate Security provided additional security and verified credentials. Community Ambulance provided 16 medical personnel for the event. The Clark County Building Department Fire Prevention Inspector was also present due to the fireworks scheduled to close out Jason Aldean’s musical performance (see Appendix F for the list of main stage performers).

The officer from Events Planning who coordinated the event had assigned eight rifle-certified officers to the perimeter of the venue with staggering start times. In addition, Events Planning staff partnered with MGM and CSC personnel to ensure a safe environment for the attendees, performers, and staff, including the private security staff, at the ingress/egress gates. Officers were assigned to pedestrian and vehicle traffic enforcement before, during, and after the festival, as well as proactive enforcement at Uber, Lyft, and taxi drop-off/pick up locations.

While working overtime assignments, LVMPD officers are instructed and expected to bring appropriate equipment such as police reflective vests, personal protective equipment (PPE), helmets, gas masks, rifles and applicable paperwork. Officers working the festival’s interior parked their patrol vehicles, unmarked vehicles, and personal vehicles at the Roman Catholic Shrine of the Most Holy Redeemer, located east of the venue. A briefing was conducted each day in the same parking lot prior to the event’s start time.

H. Interior Command Post

The designated CP on all three days of the Route 91 Harvest Music Festival was in the northeast section of the Las Vegas Village lot. Having a designated CP and dispatcher working the radio channel who can effectively communicate with officers assigned to an event alleviates unnecessary radio traffic on the area command channel whereby officers answer calls for service. Although an assigned civilian employee working the radio channel is typical for smaller events, both an LVMPD civilian employee and a commissioned officer were assigned to work the interior CP in a dispatch role on October 1. The team was responsible for maintaining accountability for payroll purposes, dispatching officers to calls inside/outside the festival, obtaining event numbers from CCAC when needed, and coordinating with medical, on-site security, and venue staff when requested. If unable to answer general questions from attendees, officers would radio the CP for an answer and relay that information to the attendees. Additionally, event numbers could be generated to log incidents for the documentation of official police business or statistical data.\(^{13}\)

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**Recommendation #5:** During large-scale events, designate and assign an LVMPD dispatcher to work the radio channel and dispatch officers working the event.

\(^{13}\) On September 30, there were 65 traffic-related citations and four ejections, and a security guard was assaulted but the suspect was gone upon arrival.
IV. SEQUENCE OF EVENTS

The sequence of events listed below is not meant to be comprehensive but to provide the reader with important dates and times as they relate to the remaining sections in this report.  

**Sunday, October 1, 2017**

10:05 p.m. The shooter opened fire on the festival lot.

10:06 p.m. An LVMPD overtime officer relayed the first radio traffic: “169SE, we got shots fired, 415A (assault/battery with a gun) at the Route 91. Sounded like an automatic firearm!”

10:07 p.m. An officer working overtime broadcasted over the radio: “179SE, it’s coming from upstairs in the Mandalay Bay Resort and Casino halfway up. I see the shots coming from halfway up.”

Two LVMPD officers working inside the Mandalay Bay Resort and Casino heard the radio traffic and responded to the 31st floor with three Mandalay Bay security officers. Hundreds of rounds were fired into the Las Vegas Village lot.

An officer broadcasted over the radio: “We have an active shooter inside the fairgrounds.”

The Incident Commander working inside the lot relayed over the radio: “Multiple 415As, give me a surge.”

10:08 p.m. The first .308 round was fired at the fuel tanks east of the lot. The shooter missed.

10:09 p.m. The second, third, and fourth shots of .308 were fired at the fuel tanks. Again, the shooter missed all three times. During the same minute, the fifth and sixth rounds were fired. The fifth round hit the top of the fuel tank, and the sixth struck the lower portion of the tank.

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14 The information contained in this chapter was derived from numerous radio channels, BWCs, and Computer Aided Dispatch.

15 A surge response provides for the controlled, coordinated response of officers to a geographical location or area that requires a strong police presence in order to mitigate a situation not rising to the level of a MACTAC incident. A surge response is not to be confused with a MACTAC activation. It is often a subtle, non-tactical means of increasing visible police presence in an area deemed to be temporarily at risk of serious disturbance or violence.

16 This account was drawn from the criminal report. See Las Vegas Metropolitan Police Department, Criminal Investigative Report of the 1 October Mass Casualty Shooting.
10:10 p.m. Radio traffic from within the festival lot: “Multiple casualty with gunshot wounds at the medical tent, multiple casualties.”

10:11 p.m. Rounds continued to be fired into the Las Vegas Village lot. Within the same minute, radio traffic was broadcasted: “159SE it’s coming from like the 50 or 60th floor north of the Mandalay Bay. It’s coming out a window.”

10:12 p.m. Two LVMPD officers, in different locations, were shot by gunfire.

10:15 p.m. A public information officer (PIO) received the first telephone call from a local news reporter.

10:16 p.m. While driving toward the incident, an LVMPD captain announced over the radio that he would be the IC and the command post would be at SCAC.

10:16–10:18 p.m. The shooter killed himself.

10:17 p.m. The first two LVMPD officers arrived at the 32nd floor elevator lobby. Officers made contact with Mandalay Bay Security Officer Campos, who was struck in the left calf by a bullet fragment. No gunfire was heard.

10:21 p.m. Radio traffic from the IC inside the event: “I’m not having radio reception; I need another lieutenant to set up a command post on Las Vegas Boulevard at Tropicana. All units need to start staging so we can come from Tropicana and the Boulevard.”

10:23 p.m. Two additional officers arrived at the 32nd floor elevator lobby of the Mandalay Bay Resort and Casino.

10:26 p.m. Additional officers arrived at the 32nd floor, formulated a plan, and started evacuations because they thought the shooter was barricaded in his room.

10:30 p.m. Radio traffic from LVMPD Air Support: “Control Air 5, we are getting multiple reports from McCarran tower now that there’s multiple people running across the runways, the active runways.”

10:35 p.m. LVMPD’s Department Operations Center (DOC) and the Clark County Multi-Agency Coordination Center (CC MACC) were established.

10:38 p.m. The first social media post (Twitter) from the PIO advised of an active shooter.

10:37 p.m. The first “active-shooter” distraction call was received.\(^{17}\)

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\(^{17}\) Distraction calls occurred at various locations along Las Vegas Boulevard, beginning as early as 10:37 p.m. and ending on October 2 just after 1:00 a.m.
10:39 p.m.  An LVMPD captain arrived at SCAC and changed his call sign to become the IC.

11:18 p.m.  Unified Command requested a roll call for units working as strike teams inside the Mandalay Bay Resort and Casino.

11:20 p.m.  An explosive breach was conducted on the door to Room 32-135. The shooter was found with a self-inflicted gunshot wound to the head.

11:26 p.m.  While clearing Room 32-135, another door was discovered locked, and a second explosive breach was conducted into Room 32-134.

A Special Weapons and Tactics (SWAT) officer had an unintentional discharge from his rifle following the explosive breach to the interior door between Room 32-134 and 32-135.

11:30 p.m.  Members of the Coroner’s Office met with Homicide detectives at the Las Vegas Village lot.

Monday, October 2, 2017

12:05 a.m.  LVMPD held its first press conference.

1:00 a.m.  The staging manager conducted a roll call to account for LVMPD resources that were logged on.

2:00 a.m.  Radio traffic from an on-scene sergeant: “When available, I’m gonna need several officers to lock down this perimeter of this event so we can get the crime scene completely secured.”

2:00–3:00 a.m.  Members of the Coroner’s Office began scene documentation and removal of the deceased victims from the festival lot.

3:25 a.m.  Search warrants were obtained for the two rooms the shooter occupied at the Mandalay Bay Resort and Casino as well as his vehicle parked in the valet.

4:00 a.m.  Unified Command transferred from SCAC to LVMPD Headquarters, DOC. A second roll call was conducted by the staging manager. Computer-Aided Dispatch (CAD) began to slow.

4:30 a.m.  A search warrant was obtained for the shooter’s residence in Mesquite, Nevada.

Before 5:00 a.m.  Officers finished clearing the Mandalay Bay Resort and Casino.

10:29 a.m.  Normal call screening resumed for calls for service.
1:00 p.m. The Family Assistance Center (FAC), located at the Las Vegas Convention Center, officially opened to the public.18

2:45 p.m. The FBI Evidence Recovery Team (ERT) took over the crime scene at the festival lot.

Tuesday, October 3, 2017

6:00 a.m. The second operational period began.

8:00 a.m. An investigative intelligence briefing was held with key investigative units including federal partners.

The FBI’s ERT continued crime scene documentation and collection efforts.

Wednesday, October 4, 2017

6:00 a.m. The third operational period began.

9:34 a.m. The last death notification was completed.

10:00 a.m. LVMPD transferred responsibility for all evidence collection/scene documentation to the FBI.

11:45 a.m. President Trump arrived at LVMPD Headquarters.

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18 The FAC provided aid to those in need of assistance as early as 9:15 a.m. on October 2.
V. SCENE RESPONSE

As mentioned in the Preparedness section, LVMPD’s Events Planning officer and MGM Production and Corporate Security prepared for the three-day country music festival over several weeks. MGM Production hired third-party vendors to supply food and drinks, on-site security, and medical personnel for the festival. This location was a regular venue for entertainment throughout the year. For example, the iHeart Radio daytime festival with musical performances was held there the weekend before the Route 91 Harvest Music Festival, and the Professional Bull Riding Helldorado Festival was held there in May 2017. Like many special event venues in Las Vegas, this outdoor venue was located on Las Vegas Boulevard South near several high-rise hotels. Additionally, this location abuts a strip mall and the Tropicana Las Vegas to the north, a vacant dirt lot to the south, Las Vegas Boulevard South (the Las Vegas Strip) and Luxor Hotel and Casino to the west, and the Roman Catholic Shrine of the Most Holy Redeemer and a dirt lot to the east.

Overview of Scene Locations

Photo from LVMPD.
As in most significant incidents, that include active shooters, an over-convergence of resources to the incident location is common.\textsuperscript{19} On October 1, 2017, hundreds of law enforcement resources responded to the scene as it was unfolding. Las Vegas Boulevard and the Harley Davidson parking lot located east of SCAC were overloaded with emergency vehicles from police, fire, and emergency medical services including many unmarked police vehicles and the personal vehicles of individuals involved in Unified Command.\textsuperscript{20}

The MACTAC process in Las Vegas has integrated with the Southern Nevada Counter-Terrorism Center (SNCTC). In 2014, all southern Nevada fire departments adopted a hostile mass-casualty incident (MCI) response policy. Since then, fire departments in southern Nevada have collaborated on their own hostile MCI responses with MACTAC, SWAT response, Rescue Task Forces (RTFs), as well as crisis management coordination and private-sector partners.

A. Scene Response to the Las Vegas Village Lot

Most officers responded to gunfire by running directly into the crowd of attendees who were injured, confused, and terrified because they thought the threat was coming from inside the venue, specifically the west side of the venue, at ground level. Historically, active-shooter threats come from the ground level as opposed to an elevated position of advantage. As officers assessed the situation from behind cover, they observed gunfire coming from the Mandalay Bay Resort and Casino and broadcasted that information over the radio channel.

Event 5 was the assigned radio channel for the event. While shots were being fired, the civilian assigned to the Events Planning Section working the CP inside the festival lot broadcasted “all units switch to CCAC,” which was the radio channel for broadcasting and containing information about the incident. Officers who struggled to switch their radio channel as they were taking fire attempted to remove their radios from their duty belts to change channels with firearms in one hand. (Before the overtime assignment started, officers had been briefed on how to “preset” their personal radios to switch to the CCAC radio channel in the event of a significant incident where communication with a dispatcher was needed immediately.)\textsuperscript{21}


\textsuperscript{20} According to ICS 300, Unified Command is a team effort establishing a common set of incident objectives and strategies that all can adhere to. This is accomplished without losing or giving up Agency authority, responsibility, or accountability.

\textsuperscript{21} LVMPD uses Motorola APX6000, P25 Phase 2 portable radios. These radios communicate on an LVMPD owned, operated, and maintained Motorola Astro P25 radio system. Hand-held radios have a preset button that can be programmed to switch to a specific zone/channel when being used.
The medical tent located inside the festival quickly became inundated with the critically injured. Concertgoers sought medical attention from the few ambulances parked nearby as they exited the venue. Officers inside the venue rendered assistance to those with a range of injuries near the stage and at the medical tent. As the medical tent filled with gunshot victims, officers guided less critically injured attendees to the parking lot of the Roman Catholic Shrine of the Most Holy Redeemer.

Before the overtime event started, the parking lot east of the festival was initially identified as a casualty collection point (CCP), and this information had been briefed to the officers and leadership working the event each of the three days. This is also where officers who were assigned to work the event parked their patrol and personal vehicles containing tactical equipment and rifles. As the crowd of concertgoers made its way east out of the venue, some attempted to take police vehicles from this parking lot to remove themselves quickly from the scene, and officers were overwhelmed by the crowd trying to commandeer available vehicles. In some instances, those fleeing tried to get officers’ firearms, distracting officers from focusing on the threat or tending to the injured. Looking for a way to transport critically injured attendees to the hospital, one attendee took a police truck and later called the Communications Bureau to report that it had been taken to Desert Springs Hospital.22

From inside the festival, officers called out routes on the radio that medical personnel could use to safely gain access to injured attendees. Medical personnel staged in all directions surrounding the festival lot as well as along Las Vegas Boulevard and Russell Road. The medical resources staged to the east of the festival lot were quickly overwhelmed due to the number and severity of those injured.

Unified Command assigned an LVMPD captain to secure the festival lot. The captain made contact with the IC, and both walked the festival lot to assess the crime scene. The crime scene was dynamic for many hours after the shooting stopped because attendees were spread across 17.5 acres of festival grounds, littered with discarded personal belongings, medical equipment and supplies, and important evidence that needed to be secured. Reports of additional shooters inside the venue and at other locations on the Las Vegas Strip made it difficult for officers to move toward the threat due to so many attendees fleeing. Officers and supervisors scanned for weapons and additional threats running toward them as attendees fled.

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22 The keys to the police vehicle taken were given to hospital security and then provided to an LVMPD officer at Desert Springs Hospital. This was reported to the Communications Bureau just after 1:00 a.m. on October 2. No items were taken from the vehicle, which was saturated in blood.
In addition to taking fire and rendering medical aid, many officers who worked the festival formed strike teams to clear the venue for additional threats and search the venue for survivors. As officers abandoned their interior festival positions to assist newly discovered injured attendees, others joined strike teams as they passed by, never returning to their assigned interior post. Because officers were assisting injured attendees, it was difficult to secure the perimeter, and the Las Vegas Village lot was not completely secured until the next morning when the sun came up.

Recommendation #6: Develop curriculum and train all commissioned officers on clearing techniques for larger-than-normal establishments/venues, such as open-air events, in the case of a significant incident and/or MCI after an active shooter.

Recommendation #7: Supply officers with training and necessary equipment to mark areas that have been cleared to prevent duplication of efforts during a significant incident and/or MCI.

As people sought cover and escaped, they abandoned personal property and vendor booths. Lawn chairs, cowboy hats, boots, and banners, among other personal items, covered the ground. Those working the food booths did not turn off the propane tanks, and food was left cooking while they fled the festival lot, leading to small fires. As the wind picked up, money from vendor tills blew through the festival lot. Supervisors requested additional resources inside the venue to establish safety within and a perimeter around the Las Vegas Village lot. Securing the scene was a challenge—barriers were breached by concertgoers escaping the shots, and gates remained unsecured, this allowed attendees and vendors to re-enter the crime scene without authorization or a law enforcement escort.
Two hours after the shots were fired, just after midnight, Unified Command broadcasted “no more hot zones,” so RTFs were officially able to enter the festival lot. An RTF is a combination of fire department and law enforcement personnel with the tactical objective of rescuing victims. This team consists of three or more fire personnel (one paramedic and one company officer) and two or more armed law enforcement officers. However, unbeknownst to Unified Command, the RTFs had already formed and entered the festival lot (a hot zone) to search for survivors before permission was given. This response into a hot zone did not follow standard protocol as listed in the Fire Department’s Hostile MCI Policy. The RTFs encountered deceased victims and survivors in hiding when entering the festival lot after being told it was clear to do so. Officers were then assigned to secure specific perimeter locations inside the festival grounds and open areas in the fencing that surrounded the Las Vegas Village lot.

While Unified Command began to transition its location to LVMPD Headquarters, the staging manager, an LVMPD lieutenant, began to provide more resources to the festival lot to secure the crime scene perimeter and relieve officers working overtime from their current posts. As the sun began to rise, fresh officers arrived. As they were relieved, all officers on scene were requested by the on-site LVMPD captain to report to the House of Blues Bar located inside the festival for a debriefing before being sent home. Due to miscommunication among leadership inside the festival lot, the staging manager, and Unified Command, numerous overtime officers were not sent to staging to be released from the incident. As discussed later in this report, PEAP assessed employees as they returned to staging before being released.

The on-site captain conducted a 10-15 minute debriefing at this location. At the debriefing, the officers’ well-being, injuries, and equipment were assessed. As opposed to a tactical debrief that discusses what happened, this brief served as a wellness check and an opportunity for officers to breathe. In addition, leadership ensured that officers could get home on their own. The IC was unaware and had not approved this short on-site debrief.

A breakdown in communication occurred as officers were being relieved from the festival lot to go home. Unbeknownst to the on-site captain, PEAP resources were available at staging. Instead of reporting to staging and being assessed by the Agency, many officers working overtime secured their shift from the festival lot. ICS protocols should have been followed, no matter how horrific the incident.

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23 The company officer serves as the communications officer and relays important information to Command pertaining to number of victims, the situation status, and the need for additional personnel.

24 RTF protocols and training do not include entering hot zones. The Clark County Fire Department deployed 19 RTFs on October 1, 2017.
Recommendation #8: Ensure ICS protocols are followed and employee “shooting survivors” directly involved in a significant incident and/or MCI are sent to staging as they are relieved from their post. All department member “shooting survivors” should be identified and documented for later debriefing/wellness plans.

B. Scene Response into Mandalay Bay Resort and Casino

The shooter began firing at 10:05 p.m. Officers completing paperwork in the Mandalay Bay security office heard the radio transmission of an active shooter at a high floor in the hotel and responded with hotel security managers by proceeding through the casino up to the 31st floor. From there, they relayed over the radio that they heard automatic gunfire one floor above them. Two LVMPD officers stood one floor below the shooter and could hear automatic gunfire. A few minutes later, the officers and hotel security officers entered the stairwell leading up to the 32nd floor. Unsure of what was taking place, the officers remained on the stairwell landing. Once in the stairwell, the officers were unable to hear their radios. Nearly 25 minutes later, the officers holding in the stairwell were met by a strike team consisting of a supervisor, a K-9 officer, a SWAT officer, and a patrol detective.

SWAT Response

As information came in, officers responded from across the valley. Several SWAT officers drove directly to the Mandalay Bay Resort and Casino, formed a strike team, and proceeded into the hotel. As other SWAT resources gathered at the ICP, a SWAT sniper team was deployed in an LVMPD helicopter, hoping to confront the shooter. It was difficult for the helicopter to get close enough to the Mandalay Bay window to observe the shooter. Meanwhile, the SWAT commander had no radio communication with the helicopter or the snipers during their time in the air. The helicopter and snipers returned to ground level because they could not communicate with the SWAT commander, get close enough, or observe the shooter. Once the helicopter landed, the snipers learned the suspect was dead.

Recommendation #9: Evaluate the need for policy, procedures, and training regarding SWAT Aerial Platform Snipers in the event of an active-shooter incident where the shooter is at an elevated position of advantage.

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25 The Mandalay Bay Resort and Casino has 3,203 rooms.
Response from Law Enforcement Resources

As law enforcement resources entered the Mandalay Bay Resort and Casino, other strike teams responded with K-9 support to ensure safety for responders and guests on the higher floors (29–32). While officers responded to the hotel, a Mandalay Bay security officer met them at the service elevator to provide quick access to the 32nd floor. Once there, officers made contact with Mandalay Bay security officer, who had been shot. At that point, officers who arrived at the 32nd floor no longer heard gunfire and switched to a barricaded incident with evacuations.

Two LVMPD officers proceeded to the center core of the building, a large lobby with three hallways emanating from it, and maintained a position of cover down the 100 wing, more than 330 feet away from Room 32-135, where it was reported the shooter was firing. Additional LVMPD officers arrived on the 32nd floor, and two teams were formed to start guest evacuations in the 100 wing. Unbeknownst to those officers, the shooter had already killed himself by the time they arrived on the 32nd floor.

The collection of officers who arrived at the 32nd floor stairwell consisted of several different units, uniformed patrol officers, plainclothes investigators, a K-9 supervisor, and a specialty trained SWAT breacher. As multiple “active shooter” calls were heard over the radios, officers in the 32nd floor stairwell decided they could no longer wait and breached the shooter’s door using their existing resources.

Officers attempted to enter the hallway to the 100 wing from the 32nd floor stairwell but were delayed entry due to the door being secured with a silver metal “L” bracket. A pry bar tool, carried among the supplies of one SWAT team member, was used to open the secured door. Upon opening this door, they discovered a metal food cart, five to seven feet away, draped with a white tablecloth, dishes, and what appeared to be an improvised explosive device (IED) and a black recording device. Several wires were observed on the cart leading back into Room 32-134. Concerned there was an IED on the food cart, the officers developed a tactical plan. The biggest challenge during this time was communication difficulties among the SWAT team members in the stairwell, their commander on the SWAT radio channel, and the officers in the hallway near the center core.

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26 An LVMPD officer relayed over the radio that Mandalay Bay security stated shots were fired on the 29th and 32nd floors. Because of this, a strike team started on the 29th floor and cleared each floor and stairwell until arrived on the 32nd floor.

27 For additional details on scene response, see Las Vegas Metropolitan Police Department, Criminal Investigative Report of the 1 October Mass Casualty Shooting.

28 Las Vegas Metropolitan Police Department, “Barricaded Subject Plan,” in Department Manual (Las Vegas, LVMPD, 2017), § 5/213.11. A barricaded subject/incident is “a subject who is believed to have been involved in a criminal act or is a significant threat to oneself or the lives and/or safety of others; refuses to submit to arrest and may be armed; is in a position of advantage, affording cover and concealment, or is contained in an open area and the presence or approach of police officers could precipitate an adverse reaction by the subject.”

29 The center core is the area on each floor outside the guest elevator bank that separates each wing of guest rooms.
At approximately 11:20 p.m., the shooter’s door was breached and revealed that the shooter had taken his own life. Once officers entered, during the clearing process they encountered another locked door that led Room 32-134. During the breach of this door, one of the SWAT officers had an accidental discharge of his department issued rifle. The round that was discharged struck furniture inside the room resulting in minor property damage. After both rooms occupied by the shooter were deemed clear, additional officers began clearing the Mandalay Bay Resort and Casino floor-by-floor, looking for additional threats and ensuring guest safety. Due to the size of property—a large hotel with 3,203 rooms—this process was not completed until 5:00 a.m.

Just after midnight, the shooter’s vehicle was identified in valet parking at the Mandalay Bay Resort and Casino and was soon interrogated by LVFR bomb technicians and local FBI special agent bomb technicians (SABTs). These teams remotely removed five medium-sized suitcases and duffle bags from within the vehicle. All bags were removed and x-rayed. SABTs determined the bags contained ammunition and a product that appeared to be a binary compound typically used in exploding targets.

Because of prior working relationships, the response from numerous law enforcement agencies and officers working together to terminate the threat proved extraordinary. First responders across southern Nevada included, but were not limited to, the ATF, FBI, NLVPD, HPD, CCFD, and LVFR. Officers from other jurisdictions followed orders provided by their respective agencies. This response was managed and coordinated through Unified Command and later transitioned from SCAC to LVMPD Headquarters, as well as the FBI command post in the days following for a joint criminal investigation.

Recommendation #10: Expand active-shooter training to include a barricaded active shooter when the shooter is in a position of advantage.

C. Distractions

During the clearing of the festival lot scene, officers faced numerous distractions. The fleeing concertgoers reported an older suspicious white male, wearing dark fatigues and a black backpack, who they thought might have been an additional shooter. He was observed entering a recreational vehicle near the festival by Motel 6 Las Vegas near Hooters Casino Hotel. A strike team of officers responded to address the suspicious male inside a recreational vehicle at which time they learned he was not a threat but rather a survivor of the incident.
LVMPD Communications received a call of a suspicious vehicle (a black Audi bearing Nevada plates) at the Luxor Hotel and Casino valet, possibly with an explosive device. An LVMPD strike team composed of a SWAT sergeant, SWAT officer, and a few patrol officers were deployed to assess the suspicious vehicle before additional resources were summoned. As a result, All Hazard Regional Multi-Agency Operations and Response (ARMOR) was contacted. The LVFR Bomb Squad and the FBI deployed resources to the suspicious vehicle as well. It was later discovered that the vehicle was an autonomous (self-driving/driverless) vehicle.\(^{30}\)

An unknown number of concertgoers with gunshot wounds who left the scene called 9-1-1 for assistance from other locations. Other distractions came from injured attendees fleeing to places along the Las Vegas Strip, specifically north of the festival lot. There was the fear of other shooters along the Las Vegas Strip. Just after 11:00 p.m., multiple active-shooter reports were received. Reports of active shooters stretched north on Las Vegas Boulevard, and resources were sent to those locations. Calls came into dispatch reporting an active shooter at Hakkasan Nightclub inside the MGM Grand Hotel and Casino as well as shots fired inside the MGM Grand Hotel and Casino, and again, officers responded to both locations. These were distractions to the investigation yet important medical and safety responses.

Numerous CCFD battalion chiefs provided emergency radio traffic from information presented to them as attendees fled the Las Vegas Village lot. These included active shooters and shots fired as far north as Caesars Palace Hotel and Casino (2.5 miles north of the festival lot), Planet Hollywood Resort and Casino (1 mile north), Excalibur, and Tropicana Hotel and Casino. For nearly three hours following the mass shooting, dispatch received reports of “active shooters” and “shots fired.”

D. Response to Mesquite, Nevada, Residence

Shortly after the shooter was identified, investigators learned of the shooter’s primary residence. This residence was located in Clark County, in Mesquite, Nevada, over 80 miles north of Las Vegas.

As a search warrant was being drafted for the shooter’s residence, LVMPD investigators drove to Mesquite. The coordination of resources involved the NLVPD’s SWAT team, LVMPD investigators, and the Mesquite Police Department. After the completion of the search warrant, LVMPD investigators transported the evidence back to Las Vegas to the department’s vault. All evidence was subsequently transferred to FBI custody.

\(^{30}\) These vehicles generally use Bayesian simultaneous localization and mapping (SLAM) algorithms, which fuel data from multiple sensors and run on time-line maps using current location estimates and map updates. Autonomous vehicles carry numerous computer systems requiring cameras, sensors, and extensive wiring.
E. Response to Reno, Nevada, Residence and Storage Unit

FBI special agents responded to the shooter’s residence located in Reno, Nevada. As the investigation into the shooter continued, it was discovered that the shooter had rented a storage unit. A search warrant was obtained for the residence and storage unit. The FBI and Washoe County Sheriff’s Office served the search warrants, and all evidence recovered from the residence and storage unit was processed and retained by the FBI.
VI. INCIDENT COMMAND

The Incident Command System (ICS) is a management system designed to enable effective and efficient domestic incident management by integrating a combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure. ICS is a key feature of the National Incident Management System (NIMS). ICS is normally structured to facilitate activities in five major functional areas: command, operations, planning, logistics, and administration/finance. It is a fundamental form of management, with the purpose of enabling incident managers to identify the key concerns associated with the incident, often under urgent conditions, without sacrificing attention to any component of the command system.\(^\text{31}\)

—Federal Emergency Management Agency

A Unified Command is ideal in incidents involving multiple jurisdictions and allows agencies with different legal, geographic, and functional authorities and responsibilities, such as the fire departments and other law enforcement agencies, to work together effectively without affecting individual agency authority, responsibility, or accountability. The following section describes the ICS struggles that leadership faced at the onset, during and after shots were fired.

A. Las Vegas Village Lot

An LVMPD lieutenant was assigned as the event IC during the three-day festival.\(^\text{32}\) As is typical for a pre-planned event, incident commanders walk the venue checking the welfare of those in attendance and of the officers working. Before shots were fired, the lieutenant IC assigned to the festival was inside with other officers who were working the music festival. Not in compliance with ICS, the lieutenant IC did not transfer command before he exited the on-site CP to check on officers throughout the venue. While walking back to the interior CP, he heard what sounded like fireworks. Knowing fireworks were not occurring until the end of the show, he scanned the venue as gunfire from an elevated position began raining down on the crowd.


\(^{32}\) A different lieutenant was assigned each day. When there are more than four LVMPD employees hired to work an overtime event, an IC is assigned. Depending on the number of officers hired for an overtime event, the IC could be a senior officer in charge or a sergeant. For span-of-control purposes, it could be a lieutenant or, for larger events, a captain.
While the lieutenant on scene was out of the CP, he began to take rounds and, at 10:07 p.m., relayed over the radio “multiple 415As (assault/battery with a gun), give me a surge.” One minute later, the on-scene IC directed all overtime units to switch their radio channel to CCAC. For this reason, he requested that someone “get eyes” on the shooter and identify the origin of the gunfire. It became difficult to physically establish a CP location in those early minutes due to the amount of gunfire and the overwhelming number of attendees fleeing in all directions from inside the venue. Due to the proximity of the CP, the lieutenant assigned as the IC became a shooting survivor as well as a first responder.

While shots were being fired, the IC and additional supervisors on scene provided command and control by establishing strike teams to locate and stop the threat. As gunfire continued, overtime officers evacuated attendees from the venue while providing medical aid. Knowing that the active-shooter threat needed to be stopped, officers working the festival ran toward the threat at the Mandalay Bay Resort and Casino. Officers who were pinned down near the stage assisted attendees out of the line of fire and took cover behind the stage. Officers were directed to the medical tent inside the festival where multiple victims with gunshot wounds sought medical attention. Additional officers were assigned to check behind the stage where country music star Jason Aldean and his crew were sheltered inside tour buses. Officers and leadership inside the festival lot continued their actions unaware the shooter was done firing and deceased.

While 22,000 concertgoers attempted to flee, multiple suspect descriptions were given over the radio, and officers attempted to identify additional shooters inside the festival lot. Radio traffic during the incident provided clarification as to the needs of the on-site IC. While observing many attendees with gunshot wounds at the medical tent, the IC working the event requested another lieutenant outside the festival lot to physically establish a CP and staging area at Tropicana Avenue and Las Vegas Boulevard. A sergeant who arrived at the intersection began to handle the request. On-site police officers and medical personnel took time to form a tactical response. During interviews, officers who worked the venue described the difficulty in identifying where the shots were coming from in part because the open microphones on stage amplified the sound of the hundreds of bullets ricocheting off the ground. Adding to the confusion was the large and chaotic crowd dispersal. Officers focused their attention at ground level. In addition, conflicting information was coming over radio traffic, such as “shots coming from Mandalay Bay,” “active shooter inside the venue,” “multiple casualties,” and “shots fired from gate seven.”

**Recommendation #11:** During large-scale events, identify a secondary location for a command post in the event the primary command post is inoperable, and include this in the Incident Action Plan. Incorporate this concept into training.
B. Establishing the Incident Command

The Mandalay Bay Resort and Casino and the Las Vegas Village lot are both located within LVMPD’s jurisdiction, specifically CCAC’s. After learning of the active shooter, the LVMPD captain assigned to CCAC turned on his radio to listen to the incident as it unfolded while driving to the Las Vegas Strip. Over-convergence of resources into the hot zone was a concern, so he verbally assigned himself as IC. The role of the IC is to arrive on scene, gather information, and assume command. Although not yet physically on the scene, he quickly selected SCAC as the physical location for the ICP and further advised responding units to stage in the front parking lot at that location. Over the radio, he requested that all “in-the-box” squads report to SCAC and advised dispatch that an “all call” was made to SWAT. SCAC is located at 4860 Las Vegas Boulevard South, Las Vegas, Nevada 89119, one-sixth of a mile south of the Mandalay Bay Resort and Casino.

Given the magnitude of the incident, a multi-agency response was imminent. After hearing over the radio that the incident CP was being established at SCAC, an LVMPD sergeant, along with a couple of officers, quickly responded to that location. A CCFD battalion chief arrived shortly thereafter and Unified Command was established. Once the IC physically arrived at the ICP, the transfer to Unified Command was complete.

Unified Command operates as a hub for incident operations, which include the management of tactical and support resources. Consistent with ICS principles, leaders from critical response agencies, such as fire and medical, gathered to ensure that resources were effectively deployed and all agencies were sharing information. ICS positions were assigned as leadership responded to the CP. The following ICS assignments were given:

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33 “In-the-box” squads are patrol squads designated daily to respond to MACTAC incidents and used to affect a response to a major violent incident. These squads are pre-identified and scheduled 24 hours per day, seven days per week. Each area command has an “in-the-box” squad assigned and on duty each day and per shift.
Initially, the SCAC briefing room became the operations post for the incident. Because of the noise and number of people in the briefing room, the IC and liaisons quickly relocated to the conference room inside SCAC, where it was much quieter and the operations of managing the incident could continue.

Normally, one location is ideal when establishing an incident CP but due to the magnitude of this incident and the unknown number of casualties, multiple branches at other locations were established with a liaison at each, as described later in this chapter. Based on feedback from interviews, LVMPD leadership felt that deployment to the ICP, DOC, and area hospitals was timely.

Overall, the ICP seemed to function well, as those present had long-established relationships and shared a commitment to the safe resolution of the incident. Leadership from the following agencies shared the same physical location:

- American Medical Response (AMR)
- ATF
- Boulder City Police Department
- CCFD
- Clark County School District Police Department
- Community Ambulance
- FBI
- Henderson Fire Department (HFD)
- Henderson Police Department (HPD)
- LVFR
- LVMPD
- Medic West Ambulance
- Nevada Highway Patrol (NHP)
- NLVPD
- North Las Vegas Fire Department (NLVFD)
- University of Nevada, Las Vegas Police Services (UNLVPS)
- Vice President of Security and Surveillance with Mandalay Bay Resort and Casino
The diversity of this expertise was necessary and beneficial for deploying resources and responding to issues as needed. Numerous tactical resources, including SWAT as well as patrol vehicles, officers, and plain vehicles, all crowded a nearly two-mile stretch in front of SCAC, from the “Welcome to Las Vegas” sign north past Tropicana Avenue. This area encompassed the Mandalay Bay Resort and Casino.

NHP had the ability to advise the IC about which roads were closed. This was instrumental for ingress and egress, allowing police, fire, and medical resources the ability to respond without further delays. In the CP, CCFD managed RTFs, as well as responding medical personnel to the incident, allowing Unified Command to focus on life safety and police resources along the Las Vegas Strip. The FBI’s investigative ability was instrumental, immediately determining Marylou Danley, the shooter’s girlfriend, was out of the country at the time of the mass shooting. This information allowed investigators to focus intelligence gathering on other leads coming in.

Having a multitude of first responders made it easier for Unified Command to assign specific roles and responsibilities within the CP. An event of this scale and nature requires the expertise of first responders beyond the police, as the police need input, cooperation, and support from these entities. Police must provide the same expertise to other first responders as well.

Effective communication among the many partners was evident in maintaining Unified Command and a strong multi-agency response. While someone should always be asking “Who are we missing?” or “Who do we need?” it seemed as if the right positions from LVMPD and external agencies were represented in Unified Command. Based on interviews conducted with leadership working Unified Command, the general consensus was that no additional resources or community stakeholders were missing from the ICP following the incident and in subsequent days.

Unified Command and the DOC maintained constant communications, and information between the two kept flowing. However, the frequency of intelligence briefings was ineffective as work could not be completed in time for the next briefing. Intelligence briefings between Unified Command and the DOC, established every 30 minutes, proved too frequent. By the time the information was shared and implemented into action, 30 minutes had passed, so there was no time allotted for planning, redirecting resources, and following up as needed.

**Recommendation #12:** During a large-scale event and/or MCI, schedule and modify briefing times to communicate effectively.
C. Staging

The Operations Section manages staging areas. Staging fills requests from the IC and does not assign resources. The staging area is a location where personnel and equipment await tactical assignments. Resources in the staging area are considered available and ready for assignment. Ideally, the staging area should be close enough to the incident to allow for a timely response of resources. The Mandalay Bay Resort and Casino and the Las Vegas Village lot are directly across the street from each other.

The staging area was located at the ICP in the parking lot of SCAC. As information poured into the CP, hundreds of local law enforcement officers were dispatched to the staging area. In addition to on-duty officers, off-duty personnel were dispatched.

As LVMPD leadership of varying ranks responded to the ICP, many remained in the parking lot unassigned to specific roles. An LVMPD lieutenant arrived and observed there was no staging manager, so he assigned himself to the position where he remained until he was relieved. After this assignment, the staging manager sent a representative from staging to the briefings while he evaluated the number of resources in the staging area. Inconsistent with ICS protocols, the majority of communications happened over the phone directly with those out in the field and/or with a representative in Unified Command. Consistent with ICS, the staging manager kept track of what equipment and firearms were deployed from staging including the number of handguns, rifles, shotguns, and police vehicles.

Recommendation #13: Provide clear policy direction with ICS roles and responsibilities defined for the staging manager during a significant incident and/or MCI.

The ease of ingress and egress was not managed during the initial response to the incident, and parked vehicles hampered easy entry and exit from the ICP and staging locations. An overwhelming number of officers and leadership filled the staging area and occupied Las Vegas Boulevard, not knowing the magnitude of the incident.
Many responding officers reported multiple distraction calls were heard over the radio, and they felt as if Las Vegas was experiencing a Mumbai-type of incident.\textsuperscript{34} Reports of active shooters as well as suspicious people, backpacks, and vehicles were coming in from all over the Las Vegas Strip. During interviews, some officers explained they had deployed on foot, more than three miles away from the staging area, to respond to distraction calls along the Las Vegas Strip. Many strike teams heard requests for resources over an LVMPD radio and self-deployed to those requests, leaving the staging manager unaware and duplicating efforts because resources had already been sent.

Every resource that responded to staging was needed and utilized. However, in hindsight, self-dispatching made it extremely difficult for LVMPD to account for its personnel. At the time of the mass shooting, 132 patrol officers, 23 sergeants, and 64 detectives were logged on as working the valley.\textsuperscript{35} To date, LVMPD does not have an accurate account of the number of officers and support personnel who responded to 1 October. The best estimate provided by the investigation indicates more than 1,500 responded. It is unknown how many of those self-dispatched. A more controlled response of resources would have been ideal.

\begin{center}
\textbf{Recommendation #14:} Create and strengthen policy to control and manage the inevitable self-deployment of off-duty first responders during these types of incidents.
\end{center}

It became challenging for the staging manager to manage resources from varying law enforcement agencies. Not all strike teams deployed from staging were LVMPD personnel; they included NHP, HPD, and NLVPD. These resources from other jurisdictions had the training necessary to perform their function; however, communication became a problem. There were more than 50 strike teams and numerous RTFs deployed from the staging area. Not all had the necessary equipment, specifically radios to communicate with one another. Communication improved when the staging manager requested a member of each of the partnering agencies stay in the staging area with a radio to communicate with his or her respective agency.

\begin{flushleft}
\textsuperscript{34} In Mumbai, India, there was a series of 12 coordinated shootings and bombing attacks over a four-day period in November 2008.
\end{flushleft}

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\textsuperscript{35} These numbers were obtained from a CAD search through LVMPD’s Communications Bureau.
\end{flushleft}
Two roll calls were conducted to maintain the accountability of resources at the staging area. The first roll call occurred nearly three hours into the incident at approximately 1:00 a.m. on October 2. Due to the additional active-shooter calls occupying radio traffic, the first roll call was not completed. As the hours went on, the staging manager continued to manage resources arriving at the staging area, and a second roll call was requested at approximately 4:00 a.m. when Unified Command was transitioning from SCAC to the DOC located at LVMPD Headquarters. While on the CCAC radio channel, the staging scribe conducted a second roll call, specifically requesting call signs, numbers of officers, and locations. Responses quickly tied up radio traffic, and supervisors along the Las Vegas Strip were asked to call the staging scribe to keep the radio channel clear for emergency radio traffic.

Officers who reported to staging for assignments were dispatched where they were needed. Some officers returned and requested to be sent back out for assignment. As the distraction calls crowded radio channels with “shots fired” and “active shooters” at various locations along the Las Vegas Strip, strike teams were deployed to respond to each location to eliminate any additional threats. There was no time to return to the staging area and be redeployed.

Maintaining an accurate picture and a current account of resources is critical to managing resources during such an event. As is common in policing, officers used the back of police vehicles to document resources such as squad numbers, supervisor names, and locations. Having a scribe assigned to the staging manager was extremely helpful but some information was erased from the back of patrol vehicles and not captured as the incident went on. Electronic software might have been more effective for the overall management of resources.

**Recommendation #15: Develop and implement electronic staging solutions software to account for and manage resources deployed during an incident as part of a larger incident management system.**

The staging manager assigned numbers to strike teams deployed from staging. Due to the size of the incident and the number of resources involved, having geographical identifiers—such as East Strike Team 1, East Strike Team 2, West Strike Team 1, and West Strike Team 2—would have been helpful. The same could have been done with RTFs.

**Recommendation #16: Establish and implement geographical identifiers for responding teams during a significant incident and/or MCI.**

Preexisting relationships and training across agencies proved extremely valuable and allowed officers from across the valley to form strike teams and deploy immediately. Due to years of integrated police and fire training, the use of alternate radio channels worked well when CCFD and LVMPD established RTFs.
As the staging manager was notified that Unified Command was moving to the DOC around 4:00 a.m., his priorities shifted to relieving officers who worked the festival, the safe strip strike teams who were deployed along the Las Vegas Strip, and the traffic officers assigned to the outer perimeter. Although not ideal within ICS standards, the IC knew the importance of re-opening Las Vegas Boulevard to vehicle and pedestrian traffic. Resources needed to maintain Unified Command for the incident were also available at the DOC.

When officers arrived back at the staging area, they were immediately debriefed. Officers were asked questions about their assignments, observations, and well-being. Many officers returned to staging ready for the next assignment. Some were physically exhausted and others were covered in blood. It was extremely beneficial to have a PEAP representative at the staging area on 1 October. PEAP evaluated who needed immediate assistance and ensured those deemed in need were not redeployed to the festival and/or the Mandalay Bay Resort and Casino. Officers and supervisors returning to the staging area provided valuable information pertaining to additional resources needed at specific locations.

Tactical resources, including the Tactical Operations Center (TOC), LVMPD’s SWAT, and the Crisis Negotiation Team (CNT), staged on the northwest side of SCAC and not at staging. The lack of communication among these resources caused confusion in the deployment of tactical resources because some SWAT officers responded directly to the active shooter at the Mandalay Bay Resort and Casino. In the early morning hours, hundreds of officers and investigators reported to the staging area. Investigators were deployed to numerous locations such as the Mandalay Bay Resort and Casino, Thomas & Mack Center, local area hospitals, and the Las Vegas Village lot.

**Recommendation #17:** The incident commander should assign an assistant to the staging manager during a significant incident and/or MCI.

**D. Additional Branches**

In an effort to harden critical infrastructure surrounding and along the Las Vegas Strip, additional branches were established including McCarran International Airport and Thomas & Mack Center, located at the University of Nevada, Las Vegas (UNLV), approximately two and a half miles east of the Las Vegas Village lot.

At approximately 10:30 p.m., attendees fled the festival toward McCarran International Airport. LVMPD Air Support was advised of this and broadcasted over the CCAC radio channel that multiple people were running across the runways.
LVMPD maintains 24/7 coverage of officers and leadership at McCarran International Airport, which is located east of the Las Vegas Village lot, less than two miles away. The Airport Control Center (ACC) was notified of the active-shooter incident and tasked with notifying the directors of the Department of Aviation (DOA) and Transportation Security Administration as well as monitoring radio traffic. The ACC provided current information to leadership and the officers working McCarran International Airport.

The west side of McCarran airfield contains fixed-base operations with hangers and buildings leased by the DOA to private corporations. As leadership assigned to McCarran International Airport approached the west perimeter fence, attendees were running across two active runways.

McCarran International Airfield\(^\text{36}\)

\(^{36}\) “McCarran International Airfield.” Google Maps, accessed April 22, 2019, https://www.google.com/maps/place/McCarran+International+Airport/@36.0982578,-115.1670746,1591m/data=!3m1!1e3!4m5!3m4!1s0x80c8c59f1f049c5d:0x471359241ec41e1e88m2!3d36.0839998!4d-115.1537389
A strike team consisting of NLVPD and LVMPD officers arrived to assist with attendees running for safety. The strike team was tasked with sweeping the runway from north to south along the fence line including associated buildings. In addition to locating attendees seeking cover, the strike team was asked to identify all breach locations that needed to be repaired and/or re-enforced. An abandoned vehicle was discovered next to the runway after it breached the perimeter fence. Officers cleared and towed the abandoned vehicle.

Attendees who fled to the airport were gathered and provided transportation to UNLV, so they could be accounted for and interviewed by investigators. Airport officers and leadership estimated more than 100 attendees were located on-site following the mass shooting.

LVMPD leadership gathered at various locations following the incident including the Mandalay Bay Resort and Casino, Downtown Area Command (DTAC), and the Clark County Detention Center (CCDC). Meanwhile, several distraction calls reported additional shooters inside the Mandalay Bay. LVMPD leadership responded to the valet area in front of the property where they made immediate decisions and managed resources. Numerous strike teams entered the Mandalay Bay Resort and Casino to address the threat by clearing the casino floor and securing the Michael Jackson Theater, which had more than 1,000 people inside.

DTAC is located in the heart of downtown Las Vegas. DTAC maintained communications with Unified Command at the CP. Available resources were gathered and staged to support the incident. If additional incidents had kicked off along the Las Vegas Strip or in Downtown, resources would have been available for immediate deployment. When he arrived at DTAC, the captain contacted downtown properties and security chiefs. Several LVMPD strike teams were formed and deployed to Fremont Street. City of Las Vegas marshals joined these strike teams.

An LVMPD captain from the Detention Services Division (DSD) locked down the detention facilities and staged resources for immediate deployment, as needed. A DSD representative was not sent to Unified Command. Twenty-six LVMPD police officers had been working overtime at the detention center and all were released from overtime to respond to the incident.

DSD had numerous resources available including six prisoner transport buses and 22 prisoner transport vans. These available transportation resources could have been used to assist with perimeters, barricades, and the transport of numerous people, if needed.

Forty-six LVMPD corrections officers were available for deployment from DSD—including officers from the Special Emergency Response Team (SERT) who are trained in mobile field force and MACTAC—but were not deployed. DSD officers were underutilized on 1 October and the days following as they were neither deployed nor directly involved.
Recommendation #18: Utilize Detention Services Division personnel as resources to be deployed during significant incidents and/or MCI. Include DSD in all training related to these types of incidents.

E. Leadership Responsibilities

On 1 October, LVMPD leadership of the ranks of captain and above deployed to numerous locations across the valley such as the ICP, the staging area, the DOC at LVMPD Headquarters, local area hospitals, the Mandalay Bay Resort and Casino, and the Las Vegas Village lot (see Appendix B for LVMPD’s organization chart). As the ICP and the DOC were up and running, local area hospitals needed resources. LVMPD captains arrived at University Medical Center (UMC) and Sunrise Hospital to collect information on the number of casualties and injured for Unified Command. Fourteen area hospitals provided treatment to concertgoers. These hospital locations were spread across the valley and were overwhelmed with the number of injured patients they received. Having leadership immediately respond to these overcrowded locations was instrumental in collecting the number of casualties and those injured. This allowed for investigative planning to move forward to the next operational period.
Hospital Locations

1. Valley & UMC (5.9mi)
2. Sunrise (4.9mi)
3. Desert Springs (4.1mi)
4. St. Rose San Martín (8.8mi)
5. St. Rose Siena (8.8mi)
6. St. Rose de Lima (14.5mi)
7. Centennial Hills (21.6mi)
8. Spring Valley (4.0mi)
9. Summerlin (19.8mi)
10. Mountain View (14.9mi)
11. Southern Hills (9.7mi)
12. North Vista (9.3mi)
13. Veterans Administration (13.4mi)
14. Henderson (9.4mi)
It was clear from interviews not all levels of leadership knew what was expected of them. Only a few area commanders and lieutenants are knowledgeable and feel adequately prepared to establish an ICP and/or set up the DOC during and after a significant incident. Experience is key during these times of chaos, and many bureau and area commanders may not have experience with critical and significant incidents because they regularly transition to different assignments. The Route 91 Harvest Music Festival was an overtime assignment open to all commissioned police officers regardless of their current area of assignment. The feedback from interviews reflects a desire for more significant incident training with clearly established roles and responsibilities moving forward.

Recommendation #19: Provide additional training, including live exercises on MCI, for leadership at the rank of lieutenant and above, regardless of assignment.
VII. DEPARTMENT OPERATIONS CENTER

LVMPD’s DOC is the coordination center for internal resources and the communication hub for the IC, CC, MACC, and City of Las Vegas Emergency Operations Center (CLV EOC). The duties assigned to the DOC are driven by the IC on scene. Effective communication between the IC and the centers listed above limits the duplication of efforts, ensures accountability, and increases the speed at which resources are obtained.37

Designed to support the needs of an IC at the scene of a disaster, state of emergency, or other significant incident, the DOC has three levels of activation: 1) the monitoring of a minor to moderate incident staffed by the EM and SNCTC Watch Desk, 2) a partial activation in which the DOC is activated in the Action Room or an alternate facility and staffed only with required positions, and 3) a full activation requires all positions are staffed.38 A full activation of the DOC was needed on 1 October.

A. Activation of the Department Operations Center

An LVMPD captain was notified of the mass shooting, and he advised the EM and responded to LVMPD Headquarters, where they established the DOC. The DOC was operating within an hour following the cessation of gunfire. The DOC supported the needs of the IC, coordinated Agency resources, and fulfilled any external requests where police officers and other resources were needed. These resources included LVMPD personnel, equipment, vehicles, and other support services, such as providing personnel for local area hospitals and site security at the Coroner’s Office.


38 LVMPD’s Conference Center (Action Room) is located at Headquarters. The Action Room provides a central location for department resources with appropriate network access and connections to LVMPD servers, video conferencing, and phone lines for teleconferencing. The Action Room is 6,512 square feet and equipped with three large screens, a projector, and several white boards. The maximum capacity of the room is 435.
Both internal and external stakeholders arrived at the DOC upon notification of the incident to render assistance, as multi-jurisdictional involvement was required. Out-of-state agencies called offering resources and assistance. For example, one agency offered to send its SWAT team to Las Vegas.

LVMPD stakeholders at the DOC included the following:

- Southern Nevada Counter-Terrorism Center
- Director of Public Information Office
- Events Planning Section
- Radio Systems Bureau
- Communications Bureau
- Information Technologies Bureau
- Office of Finance
- Logistics Bureau
External stakeholders at the DOC included but were not limited to the following:

- FBI
- ATF
- American Red Cross Personnel
- Local Hospitals
- Clark County Office of the Coroner/Medical Examiner (Public Administrator)
- CCFD
- HFD/HPD
- NLVFD/NLVPD
- MGM Representatives
- Clark County Commissioners
- State of Nevada Elected Officials

Ensuring policing operations continued, an LVMPD captain, otherwise known as the DOC director, was responsible for assessing the staffing needs across the valley for calls for service. Area commands not affected by the shooting scene maintained normal operations with minimal resources. Having resources available was critical for the next reporting periods. In addition to calls for service, the DOC director was responsible for ensuring the Emergency Mobilization Plan (ABX) roster was implemented and communicated to the entire Agency.

The DOC was focused on staffing numerous locations, including the concert venue, for evacuation, crime scene control, the care of victims, and the preservation of evidence. In the hours following, personnel was still needed for evidence preservation at multiple locations including the shooting scene inside the hotel, the Coroner’s Office where 58 deceased victims and the shooter’s body had been transported, and the 14 hospitals to which the victims and survivors had been transported to.

The DOC director delegated tasks and responsibilities. Administrative assistants supported the DOC director in ensuring the tasks were completed that evening and the following days. Prior experience and firsthand knowledge in establishing a DOC during significant incidents prepared the DOC director for that night. Due to his prior experience and expertise from past incidents, he had created a one-page guide outlining the basic duties and responsibilities of the DOC director. These duties consisted of the initial activation of the DOC, the management of resources, operations and logistics during the incident, and the demobilization of resources. This guide provided a quick and immediate reference for establishing a DOC, and such a guide could be utilized by leadership on future incidents when establishing a DOC. Interviews with several captains revealed a lack of knowledge about how to activate the DOC. Additional training could address this challenge by expanding the number of area commanders familiar with the procedure to activate the DOC.

**Recommendation #20:** Create a Department Operations Center quick reference guide for area commanders to be utilized for all levels of crisis including MCI.
In addition to directing resources in the hours following 1 October and for the coming days, the DOC director was responsible for facilitating briefings and situational updates to the sheriff. Pertinent information, such as the number of casualties, additional shooter threats, and unaccounted for and injured personnel, was briefed. Sheriff Lombardo and some Executive Staff members as well as various bureau and area commanders maintained a presence in the DOC for hours at a time. Updates were provided initially every half hour and then transitioned to every hour. As the second operational period of the incident was underway, briefings became less frequent.

Sheriff Lombardo and the director of the PIO were located at LVMPD Headquarters, where the majority of the press conferences were held. From the DOC, the sheriff conveyed critical information and conducted frequent press conferences. As elected officials arrived, including Clark County commissioners, Las Vegas City Council members, the governor, and the mayor, they were granted access to the DOC. It quickly became crowded and maintaining the security of the DOC was a challenge the next day.

The difficulty was in confirming who needed to be in the DOC as opposed to who wanted to be there to know the latest information. The feedback from interviews suggests more than 20 people who were not operationally necessary were present at the DOC at any given time during the first 24 hours. This number continued to grow, and many LVMPD personnel—including leadership—worked their way into the DOC. An NBC news reporter gained access to the DOC with the ability to collect information; upon being recognized, the news reporter was asked to leave the room. Controlled access to the DOC is critical during an activation, and it should include checking individuals in and out. This is particularly important when the DOC is activated for an extended period of time.

As information came into the DOC that night and in the days following, elected officials were exposed to operational and investigative information while they congregated in the DOC. Personnel in the DOC should be limited and restricted to those with a public safety purpose. Other areas can be established for elected officials and those who understandably want and need access to information for their constituents.

**Recommendation #22:** Create policy, procedures, and protocols for securing the DOC and IC during a significant incident and/or MCI. As part of this process, ensure there is an established entry access list of authorized personnel.
Due to the limited space available in the DOC, computer workstations are pre-assigned to essential personnel including Fusion Watch and dispatch. Essential operational personnel, such as the EM and the Events Planning Section, utilize Department-issued laptops in the DOC with software, network access, and printing capabilities to accomplish assigned tasks, including implementing the Emergency Mobilization Plan. Because there were not enough laptop computers in the DOC to complete essential tasks, more had to be brought in. Within three hours, several laptops were delivered to the DOC.

During times of crisis, it is easy to overlook the need for small items—cellular phone chargers, printer paper, and toner ink, for example—until they are unavailable. These items should be readily available and stocked inside the DOC. The fully staffed DOC operated for a week at full capacity.

**Recommendation #23:** Assign Information Technology and Fusion Watch personnel to the DOC with knowledge in programs, infrastructure, cameras, and audio/visual to assist in the DOC set up during full activations.

### B. Clark County Multi-Agency Coordination Center

According to LVMPD policy, when an incident results in more than 20 casualties, police and fire officials implement the Clark County Mass Casualty Plan. The CC MACC was established at Clark County Fire Station 18 within a half-hour of the onset of the incident. The station is less than three miles east of the Las Vegas Village lot. While LVMPD resources are coordinated through the DOC, requests for resources outside LVMPD, including local, state, and federal resources, must be coordinated through the CC MACC, also known as the EOC. At the top of every hour, the DOC held briefings with the CC MACC to share information and updates regarding the incident and resources.

A Joint Information Center (JIC) supports the CC MACC by providing emergency information, crisis communications, and public affairs functions, such as handling media requests and monitoring for rumors, all of which help reduce the spread of misinformation. The release of coordinated information to the public during an incident of this magnitude is extremely important. The JIC allows multiple agencies to pool resources and speak collectively when demands for information are overwhelming. Following a significant incident, such as a public safety hazard or road closures, critical emergency information gathered from all agencies and resources are shared with the public using a joint information systems approach. One collective voice can relay critical emergency information to the community and the media.

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As LVMPD leadership was assigned specific locations with roles and responsibilities across the valley, it became nearly impossible to send a representative back to the JIC. An LVMPD PIO responded to the JIC. When he arrived at Fire Station 18, the JIC had not been entirely set up. After two hours and no assigned duties, LVMPD’s PIO was reassigned to Headquarters where all media briefings and communications were being facilitated.

**Recommendation #24:** Establish the JIC at LVMPD Headquarters in a physically separate location from LVMPD’s DOC during significant incidents where LVMPD is the lead police agency.

C. Emergency Management Section

The set up and functionality of the DOC lay in the hands of LVMPD’s EM. The policy of the Emergency Management Section (EMS) defines the role as “the principal advisor to the department on unusual occurrences, planning for response to unusual occurrences, maintaining liaison with other emergency management authorities and coordinating any department emergency plans with those affected agencies.”

Staffing of the EMS on 1 October consisted of a civilian manager with administrative support and two commissioned police officers. In past years, the EMS was staffed with a squad of officers and support staff.

Upon arrival, LVMPD’s EM was assigned a general staff position as the Planning Section Chief responsible for Incident Command System reports. The automated NIMS forms IC 201 through 233 can be found on FEMA’s website. This online software automatically populates information, easing the typing needed to transition from one operational period to the next. These documents are necessary to accomplish overall incident objectives and meet federal requirements based on specific disaster criteria.

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41 The following ICS forms must be completed: Incident Briefing (ISC 201), Incident Objectives (ICS 202), Organizational Assignment List (ICS 203), Division Assignment List (ICS 204), Incident Radio Communications Plan (ICS 205), Medical Plan (ICS 206), and Incident Organization Chart (ICS 207).

Additional personnel with previous EM expertise were called into the DOC at approximately 6:00 a.m. on October 2 to allow the EM time to rest and return to the DOC. During this time, personnel attempted to complete the required incident documents listed above for the first operational period; however, they used an older software system called the Coordinated NIMS Incident Planner (CNIP), which the Agency had used years earlier. While personnel were working on the forms, the computer system crashed, causing information to be lost. Because the software failed on several occasions and the updated online forms were not used, the first operational reports were not completed until two operational periods later and, therefore, caused delays in completing IAPs for the following operational periods. The software was outdated and incompatible with Windows 10.

Recommendation #25: Evaluate the need for a staffing study to potentially increase the Emergency Management Section.

Recommendation #26: Establish annual or semi-annual reviews of all Emergency Management and DOC documents including section manuals. Ensure they are available in the DOC.

In addition to planning for operational periods, at the direction of Sheriff Lombardo, the EM was assigned as the liaison with the CC MACC to collect patient information from local area hospitals. This was a difficult task for LVMPD because, normally, the Medical Surge Area Command (MSAC), a component of the CC MACC, gathers this information. The MSAC is responsible for patient tracking during mass-casualty incidents and consists of key hospital administrators. During the incident, the MSAC was not fully staffed with key hospital administrators, which slowed the sharing of patient information. LVMPD personnel found gathering and tracking patient information difficult because hospital administrators were reluctant to provide patient information to those outside the CC MACC. They did, however, share what information they could with LVMPD. Relationships with hospital administrators had been established through private-sector partnerships, critical infrastructure working groups, and tabletop exercises prior to 1 October. However, the concept of patient tracking had not been included in tabletop exercises before the incident because it was not a law enforcement function.

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43 Patient tracking consisted of the number of patients admitted, discharged, and/or deceased at each medical facility as a result of the mass shooting. This also included notifications from out-of-state medical facilities where patients returned home, were treated, and were discharged from medical care.
Sheriff Lombardo requested and received hourly updates on patient tracking in the hours following the mass shooting. Patient tracking continued until the last survivor was released from acute care at the end of 2017. Assigning LVMPD captains to local area hospitals was beneficial in establishing command at and around hospital locations to maintain site security and communicate with hospital administrators. These assignments also facilitated quick access for doctors and nurses, with credentials, into hospitals under tightened security following the mass shooting.

**Recommendation #27:** LVMPD, in conjunction with the Clark County Coroner’s Office, Clark County Fire Department and hospital administrators, should develop a plan regarding victim identification and tracking during significant incidents and/or MCI. Establish protocol regarding who will respond to the DOC and facilitate the sharing of this information.

### D. Emergency Mobilization Plan

The DOC implemented the Emergency Mobilization Plan, also known as the ABX roster, in the hours following the onset of the shooting. In the event of a significant incident that exceeds the capabilities of on-duty personnel, the ABX roster alerts LVMPD personnel when and where to report for duty. The Emergency Mobilization Plan in place at the time of the incident provided for either partial or full activation and mobilization of personnel. The Events Planning Section is composed of experts in planning, organizing, and mobilizing LVMPD resources.

In early 2016, the Events Planning Section evaluated the Emergency Mobilization Plan in preparation for a presidential debate. This evaluation altered the plan from a partial or full activation to four levels of activation. This new concept has allowed for better utilization of investigators in specialized units when all personnel resources are needed. Internal LVMPD analyses have shown this change to be cost effective, saving the Agency millions in salary costs per activation. Essentially, 10-hour shifts became 12-hour shifts, creating two hours of overlap across shifts. This concept provides a force multiplier that incorporates non-patrol officers such as investigators in specialized units.

This new approach was implemented early in 2017, leaving swing-shift squads responding directly to an incident. The approach was tested the weekend of August 26, 2017, for the UFC fight between Floyd Mayweather and Connor McGregor at T-Mobile Arena. The updated Emergency Mobilization Plan was approved by Sheriff Lombardo in April 2017 and used on 1 October. Within five hours of the onset of the incident, all LVMPD employees were notified by Events Planning staff of the Emergency Mobilization Plan, including work assignments and hours for the upcoming week.

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44 The day shift is from 6:30 a.m. to 4:30 p.m., the swing shift is from 2:30 p.m. to 12:30 a.m., and the graveyard shift is from 10:00 p.m. to 8:00 a.m.
Staff from the Events Planning Section reported to the DOC after learning of the incident. As they worked on gathering resources for the upcoming hours and days, getting enough resources assigned to specific tasks became difficult due to the volume of off-duty officers responding from home. As discussed earlier in this report, while self-deployment in these instances is understandable, it also hindered the Agency’s ability to organize resources because employees were exhausted.

It took 24 hours to get resources to cover the ABX roster. The decision to go to the ABX roster had been delayed and should have been made sooner to relieve employees, so they could return to work for their next shifts in the following days. Feedback during this AAR process showed a level-three Emergency Mobilization Plan would have sufficed in the onset and then could have been scaled back as the week went on. This would have provided fresh and rested officers to work the numerous events that occurred the week of 1 October.

**Recommendation #28:** Re-evaluate the Emergency Mobilization Plan to include who specifically is responsible for implementing and documenting the ABX roster during significant incidents and/or MCI.

**Recommendation #29:** Expand the Emergency Mobilization Plan to include critical civilian positions during significant incidents and/or MCI.

### E. DOC Operations in the Days Following

Just after 4:00 a.m. on October 2, 2017, Unified Command transitioned from SCAC to the DOC at LVMPD Headquarters. Every 12 hours, a new LVMPD captain assumed command of the DOC. A DOC schedule was established, and a binder provided to assist each captain with the transfer of command. Effective briefings during the transfers of command in the days following was instrumental in the operational periods.
VIII. COMMUNICATIONS BUREAU

During mass-casualty incidents in which extraordinarily high numbers of responding individuals are involved, forms of communication—including telephone, radio, and computer systems—can be pushed to their limits. This was the case on 1 October.

Notification of the incident began as shots rained down on the crowd. The first 9-1-1 emergency call came into LVMPD’s Communications Bureau as an open line with audible gunfire. Thirty seconds later, a call came from a citizen asking for police assistance. Within the same minute, the first radio transmission of “shots fired” was broadcasted from an officer posted on the exterior perimeter to the east near Gate Six of the festival lot. Within a few minutes of shots being fired, emergency 9-1-1 phone calls from citizens flooded the center. As soon as one 9-1-1 call was handled by LVMPD call-takers, another call occupied the line. With over 20 years of communications/dispatch experience, a communications manager reflected she had never before experienced an incident with such a volume of calls, radio transmissions, and requests as on 1 October.

A. LVMPD Communications Bureau

Immediately, the Communications Bureau became inundated with 62 simultaneous emergency 9-1-1 telephone calls. As mentioned in Chapter V, the Communications Bureau concluded its briefing and shift change approximately 30 minutes before the first shots were fired, and a shift change/overlap occurred for patrol officers’ minutes before the shooting. It was a normal Sunday night at the Communications Bureau in terms of staffing, which consisted of 17 call-takers, 11 dispatchers, four supervisors, and one manager. Also working were three Private Branch Exchange (PBX) operators and a PBX supervisor.

The Agency operates a secondary communications facility called the Cameron Annex. This location is staffed daily with a minimum of two to eight call-takers/dispatchers, as well as supervisory leadership. The overnight shift generally has the fewest number of calls and is minimally staffed. On the night of 1 October, one of the scheduled employees had called in sick, so the remaining employees scheduled to work at the Cameron Annex were directed to report to the Communications Bureau. Therefore, the Cameron Annex was not staffed with call-takers.

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45 The Agency has 96 emergency 9-1-1 phone lines and 184 administrative telephone lines for non-emergency 3-1-1 calls. Besides 1 October, no other documented incident occupied all 96 emergency lines.

46 PBX is an internal telephone switchboard operated by LVMPD’s Communications Bureau. It provides the Agency with employee contact information such as work assignment, phone numbers, and emergency contact information.
A notification was made to the Communications staff requesting employees respond to work if available. In response to the request, 27 employees consisting of dispatchers and call-takers responded to the Communications Bureau to support the response to the mass shooting in the first hour. A total of 33 call-takers and dispatchers responded to help before the night was through. Workstations were assigned to responding staff who immediately began answering calls coming into Communications.

As the incident unfolded, a communications supervisor working became aware of the active-shooter event and immediately paired up the dispatchers working the CCAC channel, leaving a dispatcher operating the radio channel with an assistant to ensure accuracy and officer safety and to manage the channel. Pairing dispatchers is a common practice in Communications during dynamic and fast-paced incidents such as an officer-involved shooting (OIS), a barricaded subject, vehicle pursuits, or active shooters. A communications manager assisted with getting dispatchers paired on SCAC and Bolden Area Command (BAC) radio channels. UMC, a level-one trauma center, is located within BAC.

Officers working overtime at the festival were utilizing Event 5 radio channel. They were directed by the IC working the festival to switch to the CCAC channel instead. Communications Bureau dispatchers and call-takers quickly adapted to the increased change in pace given the overwhelming volume of occupied phone lines and slow computer systems. Although not operationally prepared for an incident of this scale, Communications leadership made necessary and timely decisions to maintain communications and operations.

B. Call Screening

Before the shooting began, calls for service across the valley were operating as any normal Sunday evening. Within 20 minutes of the incident, incoming calls flooded the phone lines and a transition to Level III call screening was implemented. During significant incidents where field personnel are diverted from normal patrol duties and resources are limited, a controlled response and stacking strategy is implemented. LVMPD maintains three call screening levels. Level I consists of normal operations. Level II call screening is initiated during a critical incident that requires a more controlled police response. A Level III call screening is initiated when patrol personnel are at a diminished capacity and resources are limited. Level III call screening continued until after 9:00 a.m. on October 2, when the Agency transitioned to Level II at 9:37 a.m. Normal call screening resumed at 10:29 a.m. for officers answering calls for service.
C. Computer-Aided Dispatch

On the night of 1 October, vast amounts of information flowed in and out of the Communications Bureau between Unified Command, the DOC, and officers in the field. In addition to supporting the needs of the incident, the Communications Bureau continued to answer and assign calls for service to officers working the valley. Just after 4:00 a.m., CAD began to freeze, hindering effective communication between Communications and those responding to the incident. When CAD freezes, incident updates are not made, administrative messages (AMs) are not sent or received, and Communications staff are unable to create new events, assign officers, or pull officer queries for license plates, people, or property. Different factors can cause a slowdown of CAD including multiple users accessing the system, logging in at the same time, or attempting to retrieve the same incident details.

As police officers and leadership responded to the incident, those in police vehicles with computers attempted to log in using CAD. Some attempted to do so over the radio, yet others called the administrative lines into dispatch. All available call-takers were answering 9-1-1 calls. Off-duty employees who were responding from home and not operating a department-issued vehicle struggled to get through to dispatch, so they used their radios to log in with an alternate radio channel such as a neighboring area command’s channel. Responding officers found it difficult to reach dispatch by radio or phone. A personnel notification system would alleviate the volume of activity into systems, allowing operations to continue. Existing technology could allow leadership and officers to log in and provide call signs, locations, and assignments of those responding to the scene. This technology would allow for accountability of Agency employees during significant incidents where large amounts of resources are needed, especially for prolonged periods.

| Recommendation #30: Purchase a notification concept and/or program that allows employees to log in remotely with call signs, assignments, and locations. Create policy, procedures, and protocols regarding the use of this technology. |

As additional officers were assigned to the event and multiple employees viewed the details, dispatchers, call-takers, and supervisors were unable to create events, run queries, or send and receive messages because the system slowed down and froze. Even though minimal information was being shared through AMs, crucial information had to be updated and verbally shared via scribes (call-takers/dispatchers) who walked back and forth between dispatchers and call-takers working.

Although CAD was slow and at times froze during the incident, operations were maintained. Despite having two out of the three Information Technology Bureau (ITB)’s subject matter experts (SMEs) in CAD out of state during this incident, communications remained constant, effective, and productive. ITB’s SMEs provided remote support to the Communications Bureau and the DOC despite the challenges of remote locations and time zones.
Recommendation #31: Establish a mechanism to restrict or limit CAD queries during significant incidents and/or MCI.

The Motorola Astro P25 radio system used by the Agency worked as designed with no malfunctions or interruptions of service. Although criticized by local and national media following the incident—and even with the sudden increase in radio traffic as a result of the mass shooting—the radio system worked as designed.

While Unified Command transitioned to the DOC, Agency employees attempted to gain access to CAD to review the incident details and/or find information needed at the time. Due to the size of the incident, the CAD report was well over 100 pages in those early hours, so when employees accessed the entire report, it slowed down the system and caused it to freeze intermittently. Employees who were logged on could continue working but if they logged out, they could not log back on. Employees worked in a partial manual mode status in which they answered 9-1-1 calls and documented the information on manual mode cards, and another employee with access to CAD entered the information.

D. MACTAC Notification

During an active-shooter incident, LVMPD requires authorization from a watch commander (WC) to initiate a MACTAC response. After several failed attempts to reach the WC via landline and over the radio, the communications manager authorized a MACTAC activation for the Enterprise Area Command (EAC)’s “in-the-box” squad to respond to the Mandalay Bay Resort and Casino.

Normal MACTAC procedures require in-the-box squads send dispatch an administrative message containing only call signs of the officers who are responding. Personnel and responding squads were unable to log in over the air or call into dispatch because of the volume of incoming communications into the Communications Bureau. Many officers were unaccounted for when they responded to the active shooter, so their locations were not documented. MACTAC activations had not been tested in live exercises where in-the-box squads were documented through dispatch.

Recommendation #32: Require Communications Bureau personnel to participate in MACTAC training from their respective role and responsibility.

47 A lieutenant is assigned to the full-time watch commander position, providing 24/7 coverage. The WC is responsible for managing patrol operations, including supervisors on a designated shift, and responds to major incidents to ensure the IC follows ICS/Standardized Emergency Management System protocols.
E. Communication with Dispatch Centers

The Nevada Core Systems Network (NCORE) is a network of radio channels that allow multiple agencies to communicate with one another quickly. Police, fire, and medical dispatch centers can utilize this network. An hour into the incident, the NCORE channel was established by the Communications Bureau. Prior to that, the Communications Bureau had an open line with CCFD’s Fire Alarm Office (FAO). The NCORE channel is used for communication among the FAO, NHP, HPD, and NLVPD dispatch centers. The NLVPD never responded on the channel. Even though LVMPD’s Radio Systems Bureau tests the NCORE network daily, these dispatch centers do not test the interoperability of the network.

Recommendation #33: Enhance training (tabletops and large-scale exercises) for NCORE users on MACTAC and Rescue Task Force concepts. Reinforce plain language, not police/fire codes, as a form of communication during these training opportunities.

During the incident, the Communications Bureau received approximately 7,875 calls from 10:00 p.m. to 8:00 a.m.; however, they were only able to answer 4,949 of the calls due to staffing and phone line availability. Initially, there were reports of shootings in many different locations, resulting in numerous calls for service. Many of these distraction events were not cross-referenced with the original event because, initially, it was uncertain whether they were related. This created an administrative challenge when managing and conducting the AAR of those calls.

Recommendation #34: Create policy, procedures, and protocols for immediate internal review and cross-referencing of all data coming into or created by the Communications Bureau related to a significant incident and/or MCI to capture lessons learned for use in after-action review processes.

48 The FAO is a dispatch center managed by CCFD. LVMPD’s Communications Bureau is the primary Public Safety Answering Point (PSAP) in the valley. Emergency calls are received and distributed to the FAO as needed.

49 These numbers do not reflect the number of calls that did not make it to the Communications Bureau due to cellular network congestion.
A radio analysis showed 638 radio transmissions occurred less than an hour into the incident on one radio channel—CCAC’s. Of those 638 radio transmissions, 151 resulted in officers depressing the red emergency button on their handheld radios. When an officer presses the red emergency button, he or she has pre-emptive priority on the radio channel. The red emergency button must be held for 1.5 seconds before the emergency is initiated, and an emergency tone is heard on the dispatcher’s end. Once the emergency is initiated an officer has ten seconds of airtime and priority on the channel until a dispatcher clears the emergency. A dispatcher has to manually clear the emergency button tone for the alert tone to stop. One press of the red emergency button provides dispatch with an alert tone before being cleared.

Recommendation #35: Reinforce radio discipline in the use of the red emergency button through training and practical live exercises such as reality-based training, advanced-officer skills training, and biweekly area command training.
IX. EXTERNAL COMMUNICATION

LVMPD is committed to maximizing trust with the community through accountability and transparency. The PIO is responsible for informing the Agency, the community, and news media of events within the public domain that are handled by or involve the Agency.50

A. Public Information Office

LVMPD’s PIO is unique because it contains a combination of both commissioned and civilian staff. In addition to maintaining transparency, the PIO is responsible for authoring and disseminating press releases as well as maintaining and managing LVMPD’s website (LVMPD.com) and various social media accounts including Facebook, Twitter, Instagram, and YouTube. The PIO’s Video Production Unit is responsible for producing videos for use both within and outside the Agency.

The primary focus of the PIO was to gather information, provide the public with any potential dangers, direct survivors and victims’ families to resources through social media, and prepare Sheriff Lombardo for the subsequent press briefings.

Staffing at the time of the incident consisted of a civilian director, two civilian executive support staff, a sergeant, and four commissioned PIOs. Additional civilian staff support consisted of a video unit supervisor, a videographer, a digital content specialist, and a community affairs specialist. On 1 October, the PIO staff quickly found themselves understaffed for the incident, the number of people involved, and the increased requests for information immediately following the incident.

B. The Evening of 1 October

The PIO learned of the incident when the on-call PIO received a phone call from a local news reporter around 10:15 p.m., asking about the incident. The PIO sergeant was notified and contacted all PIOs, advising them where to report and assigning specific locations including Unified Command, the intersection of Las Vegas Boulevard and Russell Road, and the JIC. Minutes later, the PIO staff were notified of the incident and additional PIO staff were called in to manage social media accounts as well as the telephone lines in the office.

The PIO director was informed two officers had been shot, so she proceeded to UMC. After visiting UMC, the PIO director shadowed Sheriff Lombardo at the DOC to prepare him and staff for media briefs, press conferences, and the release of information.

50 Las Vegas Metropolitan Police Department, “Office of Public Information,” in Department Manual (Las Vegas: LVMPD, 2017), § 1/402.05.
The scope and size of 1 October made it challenging for some of LVMPD’s smaller bureaus, such as the PIO, whose staff was too small to allow for rest. Because the PIO staff were dispersed across various locations, it was problematic to gather and share information and present a unified response. Assigning a scribe to the PIO director would have helped to facilitate the timely collection and release of information both internally and externally. As the director attends all intelligence and Executive Staff briefings, an assigned scribe could have used the information gathered from these meetings to inform PIOs and draft press releases, allowing for timely and necessary posts to the Agency’s various social media accounts.

**Recommendation #36: Assign the PIO director an assistant to document information collected during intelligence and Executive Staff briefings.**

The first press release, which was distributed to the public and media on October 2, identified the shooter by name and provided an FBI phone number to call for those who had video or any information about the shooting. A second press release followed later that afternoon, providing more details about the incident and a hotline for family members looking for loved ones and listing LVMPD Headquarters as the family reunification center.⁵¹

**Recommendation #37: Create policy, procedures, and protocols specifically outlining how information will be released internally and to the public via social media during significant incidents and/or MCI.**

While information was flowing within the Agency and updates were being provided to the various media outlets, emails and phone calls poured into the PIO, placing additional strain on the limited staff, most of whom had already been deployed to various locations in the field. The volume of calls coming into the PIO was overwhelming for one to two employees to handle, and many calls from the media went unanswered. Local media outlets are familiar with LVMPD’s request-for-information process via telephone or email. National media attention on this incident increased the number of requests for information considerably. National media outlets were less familiar with LVMPD’s request-for-information process.

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⁵¹ As of this writing, 21 press conferences and other videos related to 1 October are available at https://www.youtube.com/playlist?list=PLPgkMKfX-f5FhH4yK8vg38LfsXYrLaGRM.
C. Public Information Hotline

Immediately following the incident, information advising the public of resources and how to report a loved one missing was available on numerous platforms including LVMPD’s social media pages and Clark County’s government website. The Nevada 2-1-1 public hotline was activated on October 2; however, the call center lacked appropriate staffing to handle the volume of calls. Because the 2-1-1 call center was not prepared, LVMPD staffed detectives to answer another public information hotline. An additional hotline was set up to collect information and track missing persons. With three separate hotlines established to assist the public with questions regarding resources and/or to file a missing person report, there was a lack of coordination. The PIO even received embassy requests from other countries, asking about victims and survivors at hospitals. It was not until the third day that agents from the State Department came in to handle all embassy requests.

Recommendation #38: Establish an automatic email response during significant events when resources are overwhelmed that replies immediately to the public and/or requests from the media. A telephone message reflecting the same message should also be created and activated during significant incidents and/or MCI.

PIO staffing challenges continued when LVMPD’s Emergency Mobilization Plan was implemented. PIO staff were unable to participate in the ABX activation because team members had no one available to fill in for them. As with countless other small sections within the Agency, many employees were unable to hand over assignments to another Agency member. Instead, employees continued with their respective missions and assigned tasks with little to no rest until the information gathering slowed.

The PIO relied on counterparts from other jurisdictions to assist with monitoring media at various locations, specifically UMC. PIO staff from the NLVPD responded to UMC to relay pertinent information to LVMPD’s PIO. It was necessary to have PIOs from other jurisdictions assisting during this unprecedented time. NLVPD returned to the DOC and was available as needed.

Collaboration among Clark County’s PIO, the FBI, and LVMPD’s PIO was extremely important in the days, weeks, and months following the incident. These entities worked closely together to inform the festival attendees of how to recover personal property left at the festival lot.

Recommendation #39: Develop a cadre of internal personnel (prior public information officers) who can assist the PIO with administrative functions during significant incidents including documenting requests for information. Activate the cadre when needed during significant incidents and/or MCI.

52 Nevada 2-1-1 is a non-profit 501C.
Recommendation #40: Include local law enforcement partners such as North Las Vegas and Henderson Police Departments and City of Las Vegas and Clark County PIOs in tabletop exercises related to significant events and/or MCI.

D. Hours, Days, and Months Following

Other logistical challenges limited the effectiveness of the PIO staff. The four PIOs and sergeant had department-issued laptops, so they were able to work effectively and update the Agency while on scene. The remaining PIO staff did not have designated computer workstations inside the DOC nor were they able to monitor the major news stations reporting the incident with the technology and equipment in the DOC. This type of media monitoring would have provided real-time news coverage that could have assisted PIOs in determining community needs. A computer workstation would have facilitated better communication and information flow between the DOC and the PIO.

Recommendation #41: Create a designated workstation in the DOC for Public Information Office personnel to promote efficient and timely updates, release information, and monitor online media.

Recommendation #42: Research the costs and benefits of purchasing a media monitoring service to assist the PIOs in determining the needs of the community during and after significant events and/or MCI.

Intelligence briefings occurred every two to three hours, and there was no formal tracking system in place to document details of the incident as it unfolded. It was difficult for the PIO to differentiate between information that had already been released and newly updated facts awaiting release. Utilizing a fact sheet would have allowed multiple staff members to manage updates and provide timely information internally and to social media platforms, the media, and LVMPD’s external website.

Recommendation #43: Compile and release accurate, timely facts and maintain a running chronology of information released (e.g., a fact sheet) with the newest information at the beginning. LVMPD’s PIOs should only rely on vetted and confirmed information.

Recommendation #44: Assign a PIO to monitor and collate information of concern that various news outlets and social media platforms report on a significant incident and/or MCI.
E. Release of Disparate Information

Since 2013, LVMPD has remained committed to being transparent in the aftermath of critical incidents involving officers. Typically after a critical incident, such as an OIS, LVMPD follows established policy and provides several updates to the public. The first update comes directly from the OIS scene and is provided to the local press by the captain of the IOCP. Seventy-two hours later, the press is notified via written press release that a comprehensive press conference will be held. A member of the Executive Staff holds the press conference, providing the public with information related to the officer(s) involved in the shooting (name, age, and tenure), the suspect(s) involved, crime scene photographs, radio traffic, and BWC use. In the wake of 1 October, it was extremely difficult for the PIO to follow this protocol due to the volume of incident-related information and the speed at which it was coming in. There was not adequate time in between press conferences for the PIO to author and distribute a new press release before the next press conference. The first press conference took place at LVMPD Headquarters just after midnight on October 2.

Because the DOC was the hub for regular, public information sharing, Sheriff Lombardo remained at LVMPD Headquarters. All press briefings occurred either inside or in front of LVMPD Headquarters. Because there was no designated workstation in the DOC, PIO staff gathered essential information and proceeded to their office, which was located on a different floor at LVMPD Headquarters, to prepare speaking points and updates for Sheriff Lombardo to use during press conferences. Once the speaking points and updates were ready for the sheriff, they were hand-delivered to the PIO director on a different floor for edits. Staff in the PIO’s office completed much of their work in their own office away from the DOC, and this process continued throughout the day on October 2.

A specific challenge for the Agency came during early press conferences when Sheriff Lombardo briefed the media and provided details of a “timeline” related to the shooting. At the time, the Agency felt the need to follow normal critical-incident transparency protocols. A lesson learned during this event is that there may never be an exact timeline due to the sheer number of internal and external data sets from which evidence is gained. For example, in the early hours of 1 October, the investigative team used radio traffic, CAD, and BWC and Air Support video to compile the timeline provided to the sheriff that he, in turn, briefed to the public. However, this timeline became problematic in the days following when many additional evidentiary data sets were discovered including Uber dashcam videos, hotel surveillance videos, door lock interrogations, private security dispatch logs, citizen cell phone videos, and traffic safety cameras. LVMPD learned all of these data sets operate using different time stamps. In hindsight, the rush to put out information led not only to confusion but also to the birth of multiple conspiracy theories that continue to plague this mass shooting today.
Once LVMPD was made aware of this issue, what was initially referred to as a timeline became and has remained a “sequence of events.” It became clear in an incident of this magnitude the national and international media outlets’ demand for information is vastly accelerated compared to normal protocols experienced during events only involving local media.

**Recommendation #45:** Create policy, procedures and protocols that mandate information briefed to the public is well vetted and speaking points include specific verbiage such as “sequence of events” and “preliminary details” to ensure accuracy while maintaining a commitment to transparency.

**Recommendation #46:** Ensure that all heads of partnering agencies are available and visible at press conferences and other press engagements.

**F. Social Media**

The desire to access around-the-clock news keeps millions of people glued to their social media accounts or news broadcasts. Shortly after the onset of the incident, the Agency communicated information to the public through social media, press conferences, and two press releases. Many first responders learned of the mass shooting through some form of social media, as well as from news outlets or the Agency itself. LVMPD used Twitter as the primary social media platform, as well as Facebook and YouTube, to push information out to the public. International media organizations were directed to monitor social media websites for press conference announcements.

The first social media post related to the mass shooting was from LVMPD’s Twitter account at 10:38 p.m., advising the community of the incident and the need to stay away from the area. Minutes later, similar messages were posted to LVMPD’s other social media accounts including Facebook. Once it was confirmed that the shooter had been neutralized, it was important to report this information immediately as a way to help calm the community. This information was posted to LVMPD’s Twitter account just before midnight.

All four PIOs, including the supervisor, had department-issued laptops and smartphones to assist with social media posts outside of the office. This turned out to be important in the hours following the incident because staff could work remotely from various locations across the valley. In addition, the digital content specialist received assistance, which allowed the posting of timely information on multiple social media platforms.

News and media outlets live-streamed the press conferences as they occurred. Normally, LVMPD’s Video Production Unit records all press conferences, and the video is then posted to YouTube and Facebook; the Agency did not live-stream press conferences through the various social media platforms.
In addition to providing updated incident information, LVMPD used its Twitter account to notify the media of upcoming media briefings. Although the media used Twitter to ask questions, the limited resources did not allow for a review of and response to every tweet from the media.

**Recommendation #47:** Evaluate the need for a staffing study to potentially increase staffing within the Public Information Office, specifically civilian personnel assigned to manage LVMPD’s website and social media platforms.

In the first five days following the incident, the Agency posted 76 tweets, yielding over 112 million Twitter impressions.\(^5^3\) It was not until October 5, that LVMPD posted something to social media not related to 1 October.

**G. The Media**

Numerous federal, state, county, and local agencies responded to 1 October, each agency with its own set of policies, procedures, and guidelines associated with handling press conferences and questions from the media. As with any critical and chaotic incident, the media thrived on 24/7 coverage and live reporting, wanting to be the first to report an update or breakthrough. For example, a news reporter was discovered hiding in the bushes by officers outside the Mandalay Bay Resort and Casino attempting to gain access inside. In addition, security was a challenge when a news reporter was found inside the DOC. The reporter was quickly escorted out of the room after signing in and obtaining a name tag. While the Agency is committed to maintaining transparency with the media and community during critical incidents, this must be done correctly. Security of the DOC during large-scale incidents is important when it comes to maintaining the integrity of the investigation.

Sheriff Lombardo held press conferences at least once a day and sometimes multiple times in one day, providing the most recent information and answering media questions. In the days following this tragic incident, the media briefing room located inside Headquarters proved too small to accommodate the numerous local and national media outlets. Because all media briefings were held at Headquarters, local and national media congregated in the lobby area waiting to ask questions about the incident of anyone who entered.

\(^{53}\) An impression is how many times a tweet is (potentially) seen.
During major incidents that draw a sizable media presence, consideration should be given to establishing a secondary location that can accommodate the increased number of media personnel and equipment brought by networks and newspapers.

Recommendation #48: Designate an alternate media staging area that is large enough and equipped to accommodate media press conferences and media personnel during large events.

LVMPD Media Room

Photo from LVMPD Public Information Office.
X. INVESTIGATION

The investigation into the 1 October mass-casualty shooting began when the first strike team breached Room 32-135 at the Mandalay Bay Resort and Casino and discovered the body of the shooter with what appeared to be a self-inflicted gunshot wound to the head. Members of the strike team located a Nevada identification card in the name of Stephen Paddock on the bar counter in the room, as well as a player’s card in the name of Marilou Danley. The strike team members were ordered to provide information to those working the CP. While this AAR is not a detailed overview of the criminal investigation, some review here is necessary and pertinent.54

The criminal investigation operated out of LVMPD Headquarters for several days before a Virtual Command Center (VCC) was established and operations transitioned to the local FBI Field Office. All LVMPD sections detailed below played crucial roles in the criminal investigation. Duplication of effort proved to be a challenge for the investigation because there was not a process or system in place to vet incoming intelligence given the multiple agencies assigned hundreds of investigative tasks.

A. Overview of Intelligence Gathering and Investigative Support

The Southern Nevada Counter-Terrorism Center

The SNCTC was in charge of gathering and disseminating intelligence related to the 1 October attack. At the time of the attack, the center was composed of the following sections: the Counter-Terrorism Section (CTS), including the detectives assigned as task force officers to the FBI Joint Terrorism Task Force (JTTF); the Counter-Terrorism Analytical Group (CTAG); the Crime Analysis Group (CAG); the EM; and the Technical Operations Section (TOS), composed of Fusion Watch and the Technical and Surveillance Section (TASS). The following is a summary of task assignments for each of the sections that supported daily operations in the SNCTC but does not cover all of the tasks assigned to them. This information is provided as a background for the discussion on how each of these sections engaged in the investigation.

The CTS is the investigative arm of the SNCTC. The CTS investigates all suspicious activity reports (SARs) to determine a possible nexus to terrorism. The CTS also investigates any criminal activity related to threats of mass-casualty incidents. A full-time squad of investigators is assigned to the FBI’s JTTF, and these detectives are divided into international and domestic investigative teams.

54 See Las Vegas Metropolitan Police Department, Criminal Investigative Report of the 1 October Mass Casualty Shooting.
CTAG is composed of analysts and investigative specialists who research and produce analytical products focused on terrorism and support ongoing SNCTC investigations. Some of the tasks they are responsible for include the collation, evaluation, and analysis of information reported to Fusion Watch. CTAG is responsible for developing and disseminating raw and finished intelligence products to partner agencies and fusion centers throughout the United States, sometimes including international partners. CTAG gathers criminal and open-source information related to SNCTC investigations, as well as collects electronic information and produces reports that support ongoing investigations.

CAG’s primary purpose is the collation, evaluation, and analysis of crime information derived from a variety of sources. CAG is responsible for producing administrative, strategic, or tactical reports of crime and disorder in Clark County for LVMPD and its partner agencies. CAG is also responsible for providing statistical and analytical support for LVMPD’s All Crimes That Impact Our Neighborhood (ACTION) process.55

TOS is composed of the Fusion Watch Operations Unit (Fusion Watch) and TASS. Fusion Watch is responsible for combating crime and terrorism using real-time surveillance, technical collection methods, and advanced technologies such as real-time crime monitoring, patrol over watch, the ShotSpotter gunshot detection system and threat warning and dissemination. Fusion Watch is also responsible for the initial intake and dissemination of SARs. TASS is the technical resource for the Agency’s investigative units in audio and video deployments. TASS develops technical solutions that can advance criminal/counterterrorism investigations and enhance public safety. These specialized units within the SNCTC assisted the 1 October criminal investigation in various ways based on their expertise. Additional units that supported the criminal investigation include LVMPD’s Criminal Intelligence Section (CIS), the Central Intelligence Unit (CIU), and investigative units throughout the Agency. With the support of law enforcement partners, the SNCTC maintained 24/7 investigative operations for approximately one month after the attack.

Analytical and operational components comprise the CIU. Detectives, intelligence analysts, crime analysts, and investigative specialists work closely with LVMPD’s nine area commands and specialized units to reduce violent crime in southern Nevada. Actionable information collected by various means is documented and shared with area commands and specialized units. CIU Research & Analysis conducts data collection, collation, and analysis to produce proactive, actionable intelligence products for LVMPD area commands and specialized units, focusing on identifying violent criminals affecting LVMPD’s high-crime areas.

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55 ACTION is a process where commanders and leadership meet regularly to discuss crime and neighborhood issues and develop strategic and tactical responses to emerging issues.
B. Initial Investigative Response and Support

Upon notification of the attack, CTS investigators were split into three components and assigned to three locations: SCAC, LVMPD Headquarters, and the Las Vegas FBI Field Office. As they arrived, each team was assigned specific investigative tasks. The team assigned to SCAC was tasked with the initial scene investigation at the Mandalay Bay Resort and Casino, including shooter identification, shooter vehicle identification, initial interviews, and other investigative assignments from the IC to support the scene. This team initially partnered with LVMPD’s FIT and CIS to assist them with investigative tasks.

The team of CTS investigators assigned to LVMPD Headquarters prioritized numerous investigative leads and tips coming into Fusion Watch. As soon as the strike team entered the shooter’s room and identified him, the investigators began gathering information about every facet of the shooter’s life. This effort was supported by CTAG. Once the team learned of a Clark County residence related to the shooter, the investigators coordinated with LVMPD. This team included the Mesquite and NLVPD SWAT teams and FBI agents. Investigators from this team drafted and executed a search warrant on the shooter’s Mesquite, Nevada, residence. The remainder of the team stayed at LVMPD Headquarters and continued to support the developing investigation.

JTTF investigators are assigned to the Las Vegas FBI Field Office and have FBI clearances. Once the shooter was identified, investigators immediately provided information to FBI partners. The FBI assisted LVMPD with research into the shooter and his life history as well as sorted through some of the leads and tips the FBI was receiving.

Both CTAG and CAG responded to the SNCTC Fusion Center. They immediately gathered information on the shooter and provided investigative support to the detectives assigned investigative tasks.

CIU operations supervisors and investigators were deployed to SCAC and took direction from the IC by safeguarding and clearing support. CIU Research & Analysis staff responded to the SNCTC to augment CTAG resources to enable 24/7 research and analysis support.
LVMPD employees working Fusion Watch witnessed the attack as it was unfolding on the public safety cameras.\(^{56}\) Immediately, they began to scan the cameras, looking for the shooter. Over 150 public safety cameras were used in an attempt to identify the location of the shooter, and notifications to leadership within the Agency were made. In addition, Fusion Watch reviewed the public safety cameras located along the Las Vegas Strip to identify additional calls that were coming into LVMPD’s dispatch center, allowing officers to remain available at the staging area in the event of additional attacks.

Fusion Watch personnel quickly developed an Excel spreadsheet to document and manage the influx of leads and tips that poured into the SNCTC. Several leads entailed information about the shooter or persons of interest. Investigators also logged tasks such as interviews with family members, friends, and neighbors of the shooter. Citizens called to report they knew the shooter or met him in the days leading up to the mass shooting. These calls were categorized and recorded so investigators could conduct interviews and manage necessary follow-up. These leads were coming in so fast it was nearly impossible to keep up without additional investigatory resources. The investigative techniques below determined these particular leads were false based on the location of the shooter’s mobile devices during that time.

Once the investigative effort integrated at the FBI Field Office, all personnel working leads used the Operational Response and Investigative Online Network (ORION) System. In addition, all LVMPD investigative personnel who had existing FBI network accounts, such as task force officers and analysts, had access to the investigative and intelligence data environments.

C. Ongoing Investigative Support

As the initial response phase slowed, the leadership of the CTS developed a plan to handle the nearly 2,000 leads and tips reported to the SNCTC and FBI. Teams of investigators from LVMPD area commands and assisting law enforcement partners received temporary assignments to the CTS. These investigators were assigned to follow up on leads and report back so that the CTS could update the Excel spreadsheet created to track all leads and tips. Initially, the spreadsheet was available only to LVMPD personnel until the decision was made to house all documents with the FBI due to its storage capabilities.

\(^{56}\) Public safety cameras are overt cameras deployed around the Las Vegas Strip and other locations to support crime suppression, anti-terrorism efforts, and public safety events. Cameras in this system may or may not possess police insignia and may or may not be equipped with pan, tilt, and zoom capabilities. Video captured from these cameras are stored for a short time. See Las Vegas Metropolitan Police Department, “Public Safety and Other Department Cameras” in Department Manual (Las Vegas: LVMPD, 2017), § 5/111.14.
As investigators followed up on leads, they learned the FBI had already completed some of the tasks. However, updates had not been added to the spreadsheet to reflect the tasks completed, suggesting a communication gap between the CTS and FBI investigators. After a few days of this process of updating the spreadsheet, it was apparent the existing process was not working for law enforcement, so the VCC was opened. Law enforcement agencies need to share information during significant incidents. During this process, numerous investigative leads were distributed for the same follow-up, once again duplicating efforts. The VCC allowed agencies to track and share information across departments and jurisdictions in a quick, secure way. During this incident, the FBI used ORION for this purpose.

Once all data pertaining to investigative leads were entered into ORION, LVMPD and partnering agencies received access, allowing them to coordinate quickly and effectively. The online investigative network was instrumental in bringing together investigative efforts between LVMPD and the FBI because it eliminated the duplication of investigative tasks.

Recommendation #49: Research and identify a critical incident management software program with sufficient capacity to accommodate an investigation the size of 1 October. The system must easily enable access for all investigative personnel involved (internal and external to LVMPD) and permit extensive data entry, record the assignment of investigative tasks, and track leads and follow up steps.

Not only did CTS investigators assist with criminal investigative leads and tasks, but they also executed numerous search warrants for social media, email, and other accounts related to the shooter and provided information to the Force Investigation Team.

During the long-term investigative effort at the FBI’s CP, CTAG embedded analysts whose assignment to the timeline team was to ensure all information was entered into the database. This close association allowed analysts to produce narrative and visual products for the investigative teams and executives from the FBI as well as LVMPD. CIU research specialists, in accordance with the Las Vegas FBI, led the effort of submitting administrative subpoenas for contacts associated with the shooter’s digital devices and footprint while maintaining a summary report of the findings. CIU analysts were embedded with digital evidence recovery teams (ERTs) at the crime scene to ensure organized data collection that enabled an accurate sequence-of-events reconstruction. CTAG continued to support CTS and FIT operations.

They continued to take the day-to-day SARs unrelated to the 1 October attack and ensured CTS leadership properly prioritized these new reports. Fusion Watch personnel also assisted with the flow of information from various units and agencies involved in the investigation, for example, by disseminating reports to outside agencies.
TASS was originally directed to deploy as part of the initial tactical response to the active shooter. When TASS arrived at the CP, investigators were tasked with creating a makeshift TOC out of their office in SCAC’s facility. This included providing a wireless network for CNT members, which allowed access to data systems used to provide real-time intelligence to LVMPD’s SWAT commander. In addition, TASS established a live feed in the TOC for real-time crime cameras to provide intelligence to SWAT and CNT members. TASS also assisted the CNT with other investigative components during the tactical response phase.

TASS assisted the CIU, CTAG, and the FBI in the analysis of call records tied to the shooter. TASS aided with technical language for CTS detectives who were drafting legal documents in support of the investigation and utilized cellular phone technology to corroborate or dispel investigative leads.

Digital evidence collected from the festival lot showed hundreds of cellular phones capturing country music star Jason Aldean’s performance. Thousands of videos were posted to various social media sites such as Snapchat, Twitter, Facebook, and Instagram. During critical incidents, such as mass shootings, smartphones capture large amounts of video and audio as chaos unfolds—including the response from first responders. The events of 1 October were no different; numerous attendees captured video and audio of the mass shooting as it unfolded before them. TASS served as the LVMPD liaison with various telecom and social media companies to facilitate legal processes and expedite evidence recovery. TASS also worked with an outside vendor to analyze approximately 22,000 hours of video, including closed-circuit video from various Las Vegas Strip properties, Uber video, cellular phone video, public safety cameras, and Mandalay Bay surveillance video. Using legal processes associated with court orders, TASS tracked past activities and locations of the shooter to determine his whereabouts prior to the mass shooting. This process also helped to determine whether there were active accomplices.

Regular information-sharing meetings were held twice a day—morning and afternoon. These meetings consisted of information dumps wherein investigators from various units shared information about the work completed, though not necessarily what investigative tasks needed to be delegated next and by whom.

The previously established relationships between LVMPD and FBI task force agents were key during the investigative process. Because there was a history of cooperation, an understanding that resources and intelligence data were shared, and a commitment to getting the job done, it was easy to form shared command without tension for control. The close cooperation among leaders and staff, as well as the systems developed during the process to access the shared online investigative system, allowed for real-time deconfliction among agencies and ensured efficient investigative follow-up.
D. Investigative Crime Scene Response

Due to the size and nature of the crime scene of 1 October, the moments after the shooting stopped were filled with confusion. There was an immediate need to respond to the injured and maintain some control over those who were fleeing as well as an urgency in locating the source of the shots and ensuring the immediate danger had ended. Simultaneously, there was the need to control, process, and investigate the enormous outdoor crime scene and the large indoor crime scene filled with weapons, ammunition, and the shooter. It was readily apparent that strike team responders and investigative units were needed to manage the vast, multiple scenes. Investigative responses came from LVMPD’s Crime Scene Investigations (CSI) and Homicide Sections, FIT, and the FBI. It was unclear at several points which group was the lead and who was the overall commander of investigations.

LVMPD’s Homicide Section was assigned to the festival scene, documenting the deceased victims inside the festival lot, the exterior perimeter, and the surrounding area—a total of 31 causalities—while FIT assumed responsibility for documenting the Mandalay Bay crime scene, which included the shooter’s body and two hotel rooms containing numerous weapons and ammunition. The FBI’s ERT assisted with the collection of all evidence related to both the Mandalay Bay rooms and the festival lot.

Crime Scene Investigations

LVMPD’s CSI section consists of crime scene analysts (CSAs) and CSA supervisors who respond to crime scenes to complete the investigative tasks of documenting the crime scene, searching for and collecting physical evidence, processing latent fingerprints, and evaluating all collected information and evidence. The photographic detail falls within the CSI section and, under normal circumstances, provides photographic processing services and storage for negatives and digital images. In this incident, due to the size and scope of the evidence collected, LVMPD did not store photographic evidence.

Six swing-shift CSAs and a supervisor were on duty as shots were fired at concertgoers of the Route 91 Harvest Music Festival. A graveyard squad of CSAs and another supervisor started their shift in briefing. As the incident unfolded, the swing-shift supervisor contacted the CSI director. The director responded to Unified Command, along with the swing-shift supervisor, and assigned the on-duty swing-shift CSAs to Sunrise Hospital and UMC. The graveyard squad was directed to the staging area at SCAC. Once he arrived at Unified Command, the director realized this incident was large, incorporating numerous locations, and would require additional personnel. While at the CP, CSI leadership and FIT discussed the multiple crime scenes and the coordination of resources. Additional resources were needed for documentation purposes and evidence collection. The CSI director determined one squad would assume responsibility for the Mandalay Bay Resort and Casino and the other would be responsible for the festival lot. A day-shift squad of CSAs and a supervisor were called in to assist with processing the multiple crime scene locations.
Several hours after CSAs had begun processing the Mandalay Bay crime scene, the FBI ERT responded to provide additional support. At this point, it was determined by an assistant sheriff that the FBI would take over responsibility of processing the room and collection of evidence. As crime scene processing and evidence collection continued at the Mandalay Bay Resort and Casino, two LVMPD CSA supervisors and 11 CSAs reported to the festival lot. Due to the size of the crime scene and the quantity of property to be collected, within 24 hours, more FBI ERT personnel arrived in Las Vegas. The FBI had resources available to support this incident in the long term, which became invaluable to the Agency as it freed up resources to conduct day-to-day operations across the valley.

Recommendation #50: Develop and train investigative crime scene protocols with federal partners for significant incidents and/or MCI.

As crime scene processing continued, a fresh and rested squad of LVMPD CSAs responded to the Mandalay Bay Resort and Casino to process and document the shooter’s body. Shortly thereafter, when processing was complete, the deceased shooter’s body was transported to the Coroner’s Office.

LVMPD CSAs recovered shrapnel and bullets from area hospitals nightly for several weeks following the incident. In subsequent days, HPD also assisted with the collection. The last bullet recovered from a survivor was on December 24, 2017.

Force Investigative Team

FIT is a team of investigators who conduct criminal investigations to determine whether an LVMPD officer’s use of deadly force was legally justified under criminal law. This team directs the investigation when a subject either committed crimes that led to the use of deadly force or committed crimes against an LVMPD department member during the course of his or her official duties.

At the time of this incident, FIT consisted of six investigators, a sergeant, a law enforcement support technician (LEST), and a lieutenant. This team can call on cadre members when additional investigators are needed. FIT falls under the IOCP Bureau, led by a captain. Because of FIT’s criminal investigative responsibilities, it proceeded to LVMPD Headquarters and learned that two LVMPD uniformed officers had been struck by gunfire. In addition, preliminary information indicated an LVMPD officer attending the three-day festival was unaccounted for and presumed struck by gunfire. These circumstances are what initiated a FIT response to LVMPD Headquarters to await investigative direction.57

57 See Las Vegas Metropolitan Police Department, Criminal Investigative Report of the 1 October Mass Casualty Shooting.
Within an hour of arriving at Headquarters, FIT relocated from Unified Command to SCAC after being advised that LVMPD officers had been shot by the shooter. They arrived to a chaotic, sprawling scene with LVMPD still trying to gain control and, understandably, not yet focused on the criminal investigation. FIT’s lieutenant responded directly to the CP. As other investigative units arrived, they assumed FIT’s lieutenant was in charge and delegating investigative tasks.

The initial information FIT received at the CP came in quickly and haphazardly, frustrating investigators who knew nothing about the source of the information or whether it had been vetted. Typically, a briefing with pertinent information is conducted for all investigative personnel involved, including leadership, to allow for consistent information sharing. In addition, an initial investigative briefing gives assignments and answers questions. The fact that this did not take place in the early phases of the 1 October investigation was problematic.

Recommendation #51: Ensure the investigative team is established and gathered before conducting an initial intelligence briefing following a significant incident and/or MCI. Investigative team briefings should be directed by the lead investigator(s) and leadership.

Once Unified Command relocated to LVMPD Headquarters, FIT’s lieutenant was tasked with managing and leading the criminal investigative process from a conference room located at LVMPD Headquarters inside the SNCTC offices. This conference room was not properly equipped with computers, so FIT’s lieutenant worked on a laptop to conduct briefings. The lieutenant was also separated from and had minimal communication with his own detectives during this process. Investigative briefings occurred twice a day at LVMPD for the first four to five days before shifting over to FBI Headquarters. While these briefings occurred over the course of several days, the FBI continued to bring in resources from all over the country to assist with the criminal investigation. FIT’s lieutenant and his FBI counterpart developed a strong relationship during this time, allowing the criminal investigation to continue. As full integration into the Las Vegas FBI Field Office continued, investigative briefings continued twice a day for the next several weeks.

An investigative briefing was held at LVMPD Headquarters the morning of October 3, 2017, with all stakeholders including FIT, the SNCTC, the FBI, Homicide, and Criminal Intelligence, as well as leadership and Command Staff. At that time, specific investigative assignments were delegated. LVMPD lacked a coordinated investigative plan and protocols for a mass shooting of this magnitude. With multiple investigative stakeholders and units involved, a vital, clear line of investigative communication was not established, leading to duplication of efforts in the collection of information.
Given the nature of the incident, the number of people attempting to gain access to the crime scenes within the first 24 hours became overwhelming. In response, FIT assigned a team of two investigators to provide 24/7 crime scene coverage to preserve and protect the scene at the Mandalay Bay Resort and Casino. Several uniformed officers were posted at all points of entry to the 32nd floor, specifically the 100 wing, to prevent unauthorized people from contaminating the crime scene. This extra layer of crime scene security was provided through October 10. Toward the end of the second week, investigators cut back primarily to day-shift hours extending into early evening hours. It was not until the FBI arrived—within 24 hours of the incident—to assist in the crime scene documentation and collection that a log was created to document who entered the Mandalay Bay crime scene on the 32nd floor.

In any major crime scene, a log documenting the law enforcement personnel entering the crime scene should be completed. No major incident log was completed by LVMPD for either the Las Vegas Village lot or the Mandalay Bay rooms.

**Recommendation #52: Reinforce training and curriculum related to documentation (i.e., major incident log) on major incident crime scenes at each crime scene location.**

The shooter had no terrorism nexus. Therefore, LVMPD was the primary agency responsible for investigating 1 October. Specifically, the investigation was assigned to FIT. It began working on suspectology followed by interviews of the many officers assigned to work overtime during the shooting. FIT’s two key objectives for the criminal investigation were establishing a motive for the shooter and determining whether he had co-conspirators. Toward the end of the first week, FIT and the cadre conducted approximately 40 officer interviews with those assigned to work overtime for the event.

In the hours and days following the attack, information pertaining to the criminal investigation flowed between security staff at the Mandalay Bay Resort and Casino, the FBI, and FIT. Approximately 70 interviews of LVMPD and Mandalay Bay employees were conducted by FIT investigators. Mandalay Bay personnel were extremely supportive during the investigation and assigned legal counsel to assist investigators with employee interviews and gathering intelligence information about the shooter.

FIT led this investigation, along with the FBI, for approximately 11 months. Using this small team to lead the investigation was challenging for the Agency. For example, on October 11, 2017, the Agency had an OIS, which required members of FIT to be pulled away from the 1 October investigation to resume their normal assignments. Throughout the course of the 11-month investigation, FIT was pulled away numerous times to conduct investigations of critical incidents for the Agency.
Recommendation #53: Develop policy, procedures, and protocols for a major case squad to be activated at the discretion of the head of the Agency. This policy should be specific in detailing all components necessary including specific roles and responsibilities required to conduct large-scale, in-depth, lengthy investigations.

Federal Bureau of Investigation

Communicating and understanding each unit’s role is the key to any successful joint operation and/or investigation. As soon as the FBI’s Las Vegas Field Office became aware of the mass shooting, the special agent in charge (SAC) was co-located with Sheriff Lombardo. The assistant special agent in charge (ASAC) responded to the Las Vegas Field Office and called in resources to get the FBI’s CP established before responding to Undersheriff McMahill’s location at the festival lot.

The FBI’s supervisory special agent (SSA) reported to the Las Vegas Field Office and assigned an agent to open a mass killing case so that resources would still be available in the event the incident was not terrorist related as defined by federal law. Shortly thereafter, the SSA responded to Unified Command at SCAC.

When Unified Command transitioned to LVMPD Headquarters, local FBI leadership joined and all investigative stakeholders were in one location. This opened the door for communications between LVMPD and the FBI. During the first week, intelligence briefings were held twice daily. Effective communication with these three key individuals (the SAC, ASAC, and SSA) was crucial to the overall success of the criminal investigation.

Prior to this incident, the SSA was familiar with LVMPD Homicide investigators and leadership, having worked with them on multiple occasions. However, the SSA had no prior contact or work partnering with FIT. The lack of prior relationship and familiarity caused confusion and challenged communications between the FBI and FIT. The SSA attended all criminal investigative briefings and was responsible for reporting information back to FBI Headquarters.

The ASAC along with the SSA brought their expertise and leadership to the investigative team. Their willingness to work with LVMPD personnel fostered the right relationships, which allowed information sharing to continue.

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58 This procedure is necessary for the FBI to provide resources in a local investigation that is not related to terrorism. In terrorism cases, the FBI becomes the lead; in this situation, LVMPD remained the lead agency and was able to secure necessary and important resources and support from the FBI.
Given the many agencies helping LVMPD, experienced professionals anticipated that deconfliction would be a challenge moving forward with the criminal investigation. In order to maintain efficiency, the investigation needed to deconflict activities across agencies. That was accomplished through the FBI’s ORION tracking system.

LVMPD Executive Staff visited the FBI’s CP during the first week of October 2017. They observed the flow of investigative information and how investigators were following up on leads. This led to the immediate integration of LVMPD’s FIT investigators and LVMPD analysts into the FBI’s CP. Once LVMPD and the FBI began working in the same building, intelligence briefings were held every morning at the CP.

Leveraging FBI resources was critical during the incident and in the days, weeks, and months following. Investigators felt the ASAC brought strong leadership to the criminal investigation. Providing resources was not going to be a problem for the FBI but managing those resources posed a potential challenge.

The FBI flew in agents and support staff from across the country to assist in the criminal investigation and collection of evidence. All evidence collected was electronically sent or flown back to Quantico, Virginia for analysis. Over 350 FBI employees provided support in the criminal investigation, including agents from the Las Vegas, Denver, Phoenix, Los Angeles, and Salt Lake City Field Offices. The FBI maintained an open line of communication with the ERT supervisor and FIT throughout the evidence collection process. While in Las Vegas, 192 FBI employees collected and packaged evidence during the investigation. Following the execution of search warrants at the shooter’s residences, Agency personnel impounded the items seized and transferred the items from LVMPD’s evidence vault to the FBI for analysis. Having completed turn over orders, LVMPD transferred all evidence related to the shooting to the FBI to be sent back to its labs in Virginia.

The FBI operated 24/7, analyzing videos, organizing investigative leads, and establishing a sequence of events. These around-the-clock operations lasted for approximately three weeks following the incident.

LVMPD Homicide

At the time of the incident, Homicide fell under the Homicide and Sex Crimes Bureau. Homicide is responsible for the criminal investigation of homicides. The Homicide Section was staffed with four squads of six detectives, led by a sergeant. Homicide was assigned to document the crime scene and assist coroner investigators with the recovery of all deceased victims. The deceased victims at the festival lot were the top priority for investigators. Although an initial briefing was not conducted between Homicide, FIT, and the CSAs, leadership from each conversed and developed an evidence documentation and recovery plan. FIT and Homicide worked closely with the Coroner’s Office and the FBI.
Hours after the gunfire ceased, investigators and leadership from Homicide arrived at the festival lot to document the crime scene and the deceased victims. Traditionally, by the time an investigative section such as Homicide responds to a crime scene, it is secure and free of unauthorized people. A major incident log documents those already on scene, and the scene is secured using crime scene tape.

Preserving evidence and reducing contamination of the enormous crime scene at the festival lot was more than taxing. Fences breached to allow escape during the shooting now presented opportunities to potential unauthorized access. Establishing and maintaining control of the scene and establishing a secure perimeter were a priority.

Clark County Office of the Coroner/Medical Examiner

After serving as the assistant coroner for nearly 12 years, John Fudenberg was appointed coroner by the Clark County Commissioners in April 2015. Coroner Fudenberg leads the Clark County Office of the Coroner/Medical Examiner (CCOCME), which includes three divisions: Investigations, Forensics, and Administration. The CCOCME was significantly short-staffed on 1 October and requested assistance from LVMPD and ultimately neighboring coroner investigators and medical examiners.

At the time of the incident, the Coroner’s Office was staffed with 40 full-time employees including investigators, medical examiners and locum tenens, forensic pathologists, supervisors, and administrative staff. Three coroner investigators were working the valley on 1 October.

After learning of the incident, the coroner responded to SCAC where he met with Undersheriff McMahill. After consulting with Undersheriff McMahill, he proceeded to the festival lot. As soon as he arrived, the coroner and an LVMPD Homicide sergeant developed a plan to expedite the removal of the deceased victims from inside the festival lot. Recovery efforts commenced between 2:00 and 3:00 a.m. on October 2, when a refrigerated truck arrived. Due to the number of victims on scene, additional assistance was needed from local mortuaries to transport all the victims to the Coroner’s Office for autopsy. While investigators worked to identify and recover victims inside the festival lot, the FBI used mobile fingerprinting technology, which assisted in the identification of deceased victims.

The care and control of the deceased victims inside the festival lot was a team effort among LVMPD Homicide investigators, the CSAs, and CCOCME staff. LVMPD Homicide investigators assisted the Coroner’s Office with the removal of the 31 deceased victims from the festival lot. As the days continued, medical exams and autopsies were conducted. Careful coordination continued between the CCOCME and the FBI regarding death certificates and autopsy reports. The FBI hand-delivered all death certificates to the victims’ family members. Each autopsy report was mailed to families via Federal Express.
Death Notifications
As of July 1, 2017, § 259.045 of the Nevada Revised Statutes (NRS) states that the coroner shall notify a decedent’s next of kin of the decedent’s death without unreasonable delay. Within three days following the incident, the Coroner’s Office identified all decedents and notified their next of kin. Typically, this process of identification and next-of-kin notification happens much sooner. The coroner lacked the necessary resources to make timely death notifications.

Managing the public’s expectation of a timely notification can be difficult for any coroner’s office, let alone the CCOCME, which within 12 hours, had dozens of deceased victims in his care and control.

Recommendation #54: The Coroner’s Office should develop MCI protocols that include the coordination of next-of-kin death notifications with area hospitals.

Autopsy
The coroner’s staff completed autopsies of all deceased victims before completing the shooter’s autopsy, which required planning and communication among stakeholders including the CCOCME, LVMPD’s FIT, LVMPD CSAs, and the FBI. In order to prevent leaked information and/or photographs, no cellular phones were allowed in the autopsy room. Only those individuals necessary to collect evidence and obtain photographs were allowed.

On October 6, 2017, at approximately 4:22 p.m., an adult postmortem examination was performed on the shooter. Two FBI special agents, two LVMPD FIT detectives, and an LVMPD CSA were in attendance. The medical examiner ruled the manner of death a suicide.59

59 See Las Vegas Metropolitan Police Department, Criminal Investigative Report of the 1 October Mass Casualty Shooting.
XI. LEADERSHIP

LVMPD is a unique police agency in that its leader, the sheriff, is an elected official whose authorization emanates from the electorate. As an elected leader, LVMPD’s sheriff has different leadership authority, roles, and responsibilities from most other police executives who are appointed by a mayor, city council, or some other locally-elected individual or body. Sheriffs in the United States are usually an elected position at the county level but few of them are also the chief executive of a large urban police agency. This unique situation in local law enforcement is worth noting as part of the backdrop for the following discussion on leadership’s role and response to 1 October. This section focuses on the roles, responsibilities, and response of LVMPD leadership but issues related to leadership permeate every section of this report, and numerous recommendations in other sections require action by or the participation of the Agency’s leadership staff.

In times of crisis—and clearly during the shooting incident of 1 October, police leaders are confronted with a multiplicity of roles. Police leadership immediately becomes exponentially more complex. The scope and demands of leadership responsibilities, such as anticipating and prioritizing the needs of LVMPD, partnering with other public safety agencies, and responding to the needs of the community at large, increase dramatically in the moments, days, and months following a mass-casualty incident.

LVMPD personnel look to the sheriff to make the tough calls in such a situation, convey confidence in the ability to handle what is before the Agency, acknowledge the Agency’s own losses and fears, and embody the values of the Agency. The public—both local, national, and in this case, across the globe—look to the sheriff to be the public face of the collective response, to reassure a fearful and confused public, and to provide timely and reliable information as it is confirmed. The role of Clark County sheriff is all the more challenging with the addition of political responsibilities, such as being concerned with the economic stability of the region, not to mention the continued responsibilities of the regular non-crisis load of calls for service for a vast land area and large population.

In the hours and days following 1 October, there was a crowd to manage, multiple crime scenes to process, a major investigation to launch, hundreds of injured requiring attention, and families of the deceased in need of resources and support. As with other large police and sheriffs’ agencies, LVMPD personnel are well trained and experienced with all of those aspects of an incident. They deal with crime scenes and victims as a matter of course, yet the sheer scale of this incident required a different sort of leadership with a shift from managing an ordinary special event to managing a crisis. In addition, the magnitude of the event required leadership from many levels of the organization.
A. Dispersed Leadership

At LVMPD, leadership extends beyond Sheriff Joseph Lombardo and includes Executive Staff as well as bureau and area commanders. This is true in normal operations and even more so during a response to a mass-casualty incident. LVMPD has typically practiced dispersed leadership under Sheriff Lombardo, who has confidence in the Command Staff and other leaders. Even with over 3,000 commissioned officers, many of the Command Staff have worked together for years, know each other well, and partner effectively in routine business. The leadership team routinely works closely together; however, they do not train together, nor do they train with other top Agency leaders and bureau and area commanders.

Recommendation #55: Conduct regular tabletop and full-scale exercises with top agency leaders of nearby and partner jurisdictions in Incident Command System and joint command of significant incidents and/or mass-casualty incidents.

The Agency has invested extensively in training for officers, establishing protocols, and reviewing and revising general policy over the last decade. This investment helped contribute to the dispersed and empowered leadership at LVMPD that enhanced the quality of the response to 1 October. For example, within 15 minutes of the shooting, an ICP was established with a separate staging area; within 30 minutes, the DOC was physically set up with staff arriving; within 40 minutes, the public was receiving official information from the Agency via Twitter and other means; and within 45 minutes, the most senior leaders were on scene. Foundational work in the form of training and policy and familiarity with expectations from LVMPD captains facilitated so many distinct and different functions in such a short period. With limited direction in the hours following the incident, there was confidence that people understood their roles and the Agency’s expectations. The immediate response to the incident reveals the trust and confidence that the sheriff and his leadership team have in each other.

Post-incident interviews with personnel revealed that LVMPD leadership was visible and accessible during and after the incident. This has been the approach for this leadership team in handling day-to-day operations, and that approach did not change in the midst of this mass-casualty incident. In fact, the public and members of the Agency have become accustomed to visible leadership. LVMPD’s leadership team members, including the sheriff, the undersheriff, and other Executive Staff members, make themselves visible day in and day out.
Executive leadership were off-duty when they were advised of the shooting. The top leaders deployed to the CP immediately and began communicating with each other and making plans, despite that the magnitude of the incident was yet unknown. In policing circles, it is common for initial reports given to leadership to be inaccurate. However, in this case, not only were the initial reports accurate but the details of the incident became progressively worse as the event unfolded. Adding to the mounting pressure on leadership was the report that an off-duty LVMPD officer attending the festival was shot. This information quickly made its way to Sheriff Lombardo and executive leadership. While at the staging area waiting for assignments, LVMPD officers were sent to numerous locations along the Las Vegas Strip in an attempt to locate the officer. Ultimately, the officer was located, deceased from gunshot wounds, at Sunrise Hospital.

In the hours following the incident, the magnitude of the shooting became clear but the depth of its horror emerged in the days, weeks, and months following. Indeed, it was weeks before the volume of wounded was understood—and the extent of the evidence recovered and the enormity of the event fully appreciated. Both the sheriff and undersheriff knew their personnel were well trained and able to be called upon in their areas of expertise due to the professional way they conduct themselves every day.

Based on the numerous interviews conducted as part of the AAR, there is a general consensus among LVMPD personnel that the leadership team performed well in the hours and days following the incident. However, despite the evidence that members of the Executive Staff knew what to do as part of the immediate response, the specific roles and responsibilities of the leadership team during a major incident were not documented in written form. Members of the leadership team reported they knew which locations they would respond to that night; however, they were not pre-designated or documented.

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**Recommendation #56:** Create policy, procedures, and protocols that describe the roles, responsibilities, and expectations of the sheriff and the Executive Staff during a significant incident and/or MCI and incorporate training as needed.

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During times of crisis, leadership is dispersed not only within the Agency but also to key external partners. Relationships are not established during a time of crisis; the relationships that LVMPD leadership cultivated over time with numerous local, regional, and national stakeholders proved essential to the response during and after the incident. LVMPD trained and conducted joint exercises with CCFD, the CCOCME, Clark County Emergency Management, local jurisdictions, and the FBI.

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**Recommendation #57:** All heads of law enforcement agencies within Clark County should create policy, procedures, and protocols for a comprehensive mass-casualty incident plan.
B. Strategic Leadership

Through routine interactions and by establishing expectations, the sheriff and other top leaders were able to instill trust and confidence in LVMPD personnel to make decisions, exercise leadership at various tactical levels, and inspire others in the Agency to do the same. For example, the PIO obtained information, prepared talking points and press releases, established an appropriate rhythm of live press availabilities, and pushed routine updates via social media. Agency leadership also has to consider the totality of the response and how all of the pieces fit together. Having a 30,000-foot view of the incident and making decisions with a broader perspective are a different sort of challenge. How can the Agency best utilize available resources? What are the gaps in resources? What decisions were priorities that required immediate attention? How should the Agency communicate with the world, including LVMPD personnel? How might short-term responses affect longer-term capabilities? And how does leadership answer these questions while still running a large police agency and continuing with routine, non-crisis operations and responses? The following provides examples of strategic leadership and big-picture thinking on display following the incident.

When the undersheriff arrived at the scene, it was generally well managed, and the Incident Commander was making and executing plans. However, large numbers of officers were ready and waiting for deployment but being kept in reserve. The undersheriff made the decision to create teams of 20 to 40 officers and send them to every location on Las Vegas Boulevard. This proved to be a good decision as it enhanced LVMPD’s response to the many injured in multiple locations, it facilitated quick investigations into reports of shooters in multiple locations, and it enabled LVMPD to quell the fear of multiple shooters. This leadership decision is an example of nimble thinking, adjusting to circumstances, and anticipating needs and actions, which are so critical to responding to major incidents.

A second example of strategic leadership relates to the investigation. Because the combined crime scenes at the Las Vegas Village lot and at the Mandalay Bay Resort and Casino were so large and complex, the investigation was too large for one team. An LVMPD assistant sheriff decided to have FIT lead the investigation at the Mandalay Bay Resort and Casino and Homicide lead the investigation at the concert venue. While the sheer size and scope of the investigation necessitated a divide-and-conquer approach, it did result in some challenges relating to authority and questions about who would do what. LVMPD leadership has acknowledged that handling that division of labor (via the ABX roster) could have been smoother from a command perspective.
In the midst of all these tactical and operational decisions, leadership also needed to consider the health and well-being of LVMPD personnel—during and after the incident. The likely duration of the response and crime scene processing meant that managing rest and time off for detectives and crime scene investigators was crucial. While the use of the ABX roster and staffing rotations were covered in previous chapters, it is worth noting here that managing human resources with an eye toward the well-being of individuals in the days following the incident is also a key component of strategic leadership. Generally, leadership should be focused on and thinking about the health and well-being of the men and women of the Agency in the weeks, months, and years after.
XII. PARTNERING AGENCIES

As previously mentioned, an important theme is that relationships must be developed at times of peace, not during times of crisis. Due to years of strong leadership among law enforcement agencies, the fire department, emergency medical services, and federal partners, the Las Vegas community had many successful moments in its response to the worst mass shooting in modern history.

Many partnering agencies including local, state, and federal law enforcement were instrumental in supporting this incident with resources and leadership during and after 1 October. Highlighted throughout this report are examples of the strengths within those partnerships including communication, training, and policy.

| Recommendation #58: Establish policy that requires Agency leaders to debrief operations, response, resources, and communications following a significant incident. |

A. First Responder Agencies

Numerous partnering agencies supported this incident in one way or another with immediate response, medical triage, casualty collection, investigative response, and family resource assistance. These partnering agencies include but are not limited to the following:

- Las Vegas Fire Department (LVFR)
- Las Vegas Department of Public Safety
- HFD
- HPD
- NLVFD
- NLVPD
- CCOCME
- Clark County Emergency Manager (CCEM)
- CCFD
- Clark County School District Police Department (CCSDPD)
- NHP

Las Vegas Fire Department

The City of Las Vegas is over 140 square miles of urban, suburban, and rural neighborhoods. The LVFR, also known as Las Vegas Fire and Rescue, employs approximately 700 personnel of whom 170 are designated as available for daily fire suppression. Members of several partnering agencies, including LVFR and LVMPD sections of the Nevada Chemical Biological Radiological-Nuclear Explosives (CBRNE) Task Force, make up the Composite All Hazards Response.60

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60 The Nevada CBRNE Task Force is responsible for responding to all hazardous incidents including incendiary devices, properly disposing of unsafe materials, and rendering safe/mitigating all explosive-related incidents.
On the night of 1 October, LVFR personnel were notified of the incident through their FAO. In upwards of 50 LVFR staff, including executive leadership, the EMS Coordinator, and Nevada CBRNE Task Force members, all responded to various locations. Some responded directly to the staging area located at SCAC. Members of the Nevada CBRNE Task Force responded directly to the possible vehicle-borne improvised explosive device located at the Luxor Hotel and Casino. Other task force members reported directly to the shooter’s Mesquite residence to assist investigators. The responding task force members played a critical role on 1 October.

LVFR medical personnel transported over 20 injured concertgoers to various hospital locations throughout the valley. Multiple fire personnel joined RTFs at the Mandalay Bay Resort and Casino and cleared the entire property with LVMPD officers and other law enforcement personnel. In the days following, LVFR staff assisted in establishing the Family Assistance Center and the Vegas Strong Resiliency Center and provided staffing resources.

Las Vegas Department of Public Safety
The Las Vegas Department of Public Safety consists of over 60 commissioned officers and over 220 corrections officers. Deputy city marshals have the primary responsibility for anything owned and operated by the City of Las Vegas. This responsibility includes more than 300 parks and properties, the Fremont Street Experience, 216 miles of trails, public streets and sidewalks, and critical infrastructure such as City Hall, the Las Vegas Detention Center, fire stations, and the Waste Water Treatment Facility.

Deputy city marshals are specifically trained in MACTAC response. In addition, the unit maintains a Strategic Response Team composed of eight members who can respond to active-shooter incidents when necessary. After learning of the incident, instead of responding to staging at SCAC, the marshals were directed to deploy resources to the Fremont Street Experience located in downtown Las Vegas. The response consisted of a supervisor and 11 officers. A deputy city marshal was assigned and working in LVMPD’s Fusion Center when the incident occurred. This marshal responded and assisted LVMPD officers with the search warrant at the shooter’s Mesquite resident.

In the days following, the deputy city marshals assisted the Coroner’s Office, supported several candlelight vigils throughout Las Vegas, and worked on the creation of the healing garden.61

Henderson Fire Department
Personnel with HFD, approximately 21, responded to the incident and joined RTFs. In addition, leadership reported to the scene and served as overhead management.

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Henderson Police Department

At the time of this incident, HPD consisted of 300 commissioned police officers servicing over 105 square miles and just over 300,000 residents. HPD is located southeast of LVMPD’s jurisdiction.

Numerous HPD officers who were on duty that night reported to staging and were deployed as strike teams. In addition, an HPD sergeant and several officers were assigned to St. Rose Sienna Hospital located at 3001 St. Rose Parkway in Henderson, Nevada. Their primary responsibility was to make contact with and identify survivors from the mass shooting who were transported there. In addition, HPD staff collected statements from survivors and documented their injuries with photographs. Numerous attendees were in critical condition and already in surgery when officers arrived. After each surgery, HPD officers and CSAs were contacted by hospital staff regarding the evidence (bullets and/or shrapnel) removed from survivors. The evidence was collected and processed by HPD and then turned over to LVMPD. Hospital staff also provided officers with a list of individuals brought into their facilities who were believed to be victims of the active-shooter incident.

In the early hours of the criminal investigation, it was discovered that an ex-girlfriend of the shooter resided in Henderson. Due to the ongoing working relationships and proximity, HPD partnered with LVMPD to gather intelligence information on the shooter. In addition, investigators assisted LVMPD and the FBI with interviews and investigative tasks as needed and had a representative in Unified Command once the DOC was up and running.

North Las Vegas Fire Department

As the incident unfolded, a deputy chief with the NLVFD responded and was assigned as overhead management.

North Las Vegas Police Department

Nearly 300 commissioned employees of NLVPD service over 100 square miles and a population of approximately 233,000. NLVPD leadership learned of the active shooter through multiple sources as the situation unfolded, including investigators assigned to regional task forces.

Chief Alexander Perez responded to the DOC after learning of the incident. Ten strike teams consisting of 40 North Las Vegas officers reported to the staging area in front of SCAC. Several strike teams were assigned to UMC and Valley Hospital while others were directed to remain in the North Las Vegas jurisdiction. NLVPD leadership immediately integrated into Unified Command and managed resources from there. North Las Vegas officers were spread across the valley handling distraction calls at multiple casino properties and clearing the festival lot as a rescue task force team, as pedestrian and vehicle traffic control was crucial surrounding the crime scene. In addition, North Las Vegas officers relieved LVMPD’s ARMOR investigators by securing the shooter’s vehicle in the Mandalay Bay Resort and Casino valet parking garage.
Clark County Fire Department and Clark County Office of Emergency Management

Deputy Fire Chief and Emergency Manager John Steinbeck explained that this incident was the first of its kind for him. He was notified of the incident by the FAO and immediately knew a multi-agency coordinated response was needed. After he notified Clark County Fire Chief Greg Cassell of the incident, Steinbeck proceeded to Fire Station 18 to activate the CC MACC while Chief Cassell responded to the ICP at SCAC.

Once Unified Command was established, a medical surge area was quickly established due to reports of multiple casualties. Numerous fire and medical staff assisted survivors at the MSAC as well as formed RTFs to clear hotels, the festival lot, and the surrounding area.

Clark County School District Police Department

The Clark County School District (CCSD) is the fifth largest school district in the United States, educating nearly 75 percent of Nevada’s student population. The district is located in southern Nevada and is composed of 358 schools encompassing approximately 8,000 square miles, including metropolitan Las Vegas, its outlying communities, and rural areas. CCSD Police Department (CCSDPD) employs 161 commissioned police officers and operates year round.

On the evening of 1 October, CCSDPD dispatch made contact with LVMPD dispatch and was advised of the mass shooting. CCSDPD officers were then notified of the incident with an internal notification while leadership deployed to the CP and joined Unified Command. A strike team of officers also deployed to the Las Vegas Strip’s “Welcome to Las Vegas” sign near the ICP. Another strike team provided additional perimeter support to LVMPD’s BAC officers at UMC and traffic control support in the surrounding area. Officers verified credentials of hospital staff such as doctors, nurses, and hospital executives. While assigned to UMC, officers distributed water and food and responded to citizens who asked where they could donate blood.

The CCSD emergency manager and executive responded to the CC MACC to support the general incident. As with many of the partnering agencies supporting this incident, CCSDPD established an emergency operation center at its headquarters.

CCSDPD leadership coordinated with the CCSD executives to determine whether classes would be held on October 2. After CCSDPD and district executives evaluated the impact of road closures for bus transportation and access to school facilities on normal school operations, the decision was made to continue with classes as scheduled. In addition, CCSD assisted with providing counselors and psychologists to the Family Assistance Center.

In total, 17 CCSDPD members assisted: six on-duty units, including one sergeant and five officers, and 11 off-duty employees, including one chief, two captains, one sergeant, five detectives, and two civilians.
Although there was initially no request for a representative at the DOC, when Unified Command transitioned to the DOC, so did CCSDPD, which provided around-the-clock coverage for the two days following 1 October.

**Nevada Department of Public Safety, Highway Patrol Division**

The Nevada Department of Public Safety’s Highway Patrol Division routed on-duty resources to the incident location as it learned of the active shooter at the Mandalay Bay Resort and Casino. While promoting safety on Nevada highways is its primary mission, NHP officers arrived on scene within minutes and began assisting with traffic ingress and egress. As distraction calls of multiple shooters were reported at various Las Vegas Strip properties, NHP officers quickly closed Interstate 15 and surrounding streets near the festival lot. This quick response allowed first responders easy access to the area and a direct route to UMC. NHP officers also assisted with evacuations and perimeter security.

As officers secured the roadways, NHP leadership reported to Unified Command while others established a CP at the NHP dispatch center. An ICP established by NHP, for example, monitored the deployment of resources and managed necessary road closures. In order to maintain normal calls for service, NHP called in additional officers to ensure adequate staffing. A coordinated response with effective communication between the Agency and NHP allowed first responders and citizens minimal exposure to additional threats.

**B. Federal Partners**

Creating and maintaining relationships between local law enforcement and federal partners must be done at the highest level of leadership. In this specific instance, as previously stated in this report, Sheriff Lombardo and the FBI’s ASAC had a long-established relationship. Leadership, communication, and investigative resources were provided by federal partners including the ATF, the Drug Enforcement Administration (DEA), and the FBI.

**Bureau of Alcohol, Tobacco, Firearms and Explosives**

The ATF is part of the U.S. Department of Justice (DOJ). At the time of this incident, the local field office was in a leadership transition and Monday, October 2, was Resident Agent in Charge (RAC) James Huskey’s first official day.
The RAC and ATF agents reported to Unified Command at SCAC, where investigative support was immediately provided. Within hours of the incident, the ATF supplied investigative information including traces on firearms located in the two rooms occupied by the shooter. All investigative traces were completed by noon on October 2. In the following days, agents integrated with investigators from the Firearms and Narcotics Group (FANG), assisting investigators with vetting leads specific to firearms and ammunition purchased by the shooter. The collaboration and partnership between these two agencies allowed for efficient communication and a coordinated investigative response. In addition to local resources, the Riverside, California field office had agents ready to deploy if more resources were needed.

United States Drug Enforcement Administration

The DEA field office in Las Vegas is a small satellite location of the Los Angeles, California field office. While law enforcement officers responded from across the valley, approximately 30 DEA agents reported to the ICP where Unified Command was established. Agents joined strike teams clearing the Mandalay Bay Resort and Casino and were deployed as strike teams to locations along the Las Vegas Strip. In the hours and days following the mass shooting, DEA agents assisted LVMPD investigators and FBI agents with criminal interviews, investigative leads, and tasks.

Federal Bureau of Investigation

The relationships built over the years with the local Las Vegas Field Office were instrumental to the collaborative efforts during and after this incident, specifically the investigative sections. Members of the FBI were initially alerted through these relationships, whether through email, text, or phone call, and those agents immediately deployed.

Teams of agents responded to the staging area at SCAC and agents then deployed to various locations along the Las Vegas Strip with RTFs. Both LVMPD and FBI SWAT coordinated this response, which included agents responding to the Thomas & Mack Center to assist with victim interviews and information gathering.

A coordinated structure allowed for the quick identification of FBI resources and where they would be most beneficial. With multiple crime scenes, an integrated criminal investigation was initiated to institute information sharing between assigned investigators. Within 72 hours, additional resources from the FBI arrived in Las Vegas to provide support throughout the rest of the investigation.

Recommendation #59: Strengthen working relationships with partnering agencies through regular communication and frequent joint training across ranks of personnel. Federal agencies should be included in tabletop and full-scale exercises practicing ICS.
XIII. EQUIPMENT AND TECHNOLOGY

Equipment and technology are critical elements for first responders. To support operations and staff, LVMPD maintains a Logistics Bureau, Radio Systems Bureau, and Information Technologies Bureau. The Logistics Bureau is responsible for the distribution and maintenance of uniforms, gun belts, gas masks, helmets, and medical kits. The Radio Systems Bureau is responsible for the maintenance and repair of equipment associated with the radio system. The Information Technologies Bureau manages and administers the Agency’s electronic and information technology (IT) systems. The following section provides an overview of what worked well in addition to the challenges faced by the Agency both during and after this incident.

A. Logistics

Donations to the Agency

The community response to assist after 1 October was impressive. Citizens, local businesses, and corporations donated essentials such as food, water, and hydrating beverages to first responders. LVMPD’s coordination and communication during this time was extremely important in receiving these kinds of donations. The Agency maintains a Logistics Bureau that accounts for facilities, supplies/uniforms, and fleet operations. The purpose of this Bureau is to provide the Agency with tools, vehicles, computers, uniforms, and facility space needed for day-to-day operations.

In the days following 1 October, citizens delivered food, water, and kind letters to various LVMPD area commands and buildings including Headquarters and the Communications Bureau. Logistics staff coordinated with multiple locations and area command captains to accept, document, and distribute these items. Additionally, Logistics Bureau support provided officers with new uniforms and had four patrol vehicles repaired.

The overwhelming kindness shown to the Agency from the Las Vegas community and from across the country was exceptional. Often in times of crisis, the community comes together and shares the pain of the incident, and Las Vegas was no different. For hours and days following 1 October, the Agency did not have to worry about food or water.

**Recommendation #60:** Create policy, procedures, and protocols for the tracking and disbursement of internal donations following a significant incident and/or MCI. Responsibility for such tracking should fall within the Logistics Bureau.

**Recommendation #61:** Establish response protocols to the DOC for the Logistics Bureau during a significant incident and/or MCI.
Personal Protective Equipment

LVMPD supplies officers with protective equipment such as gas masks, helmets and reflective vests. Officers train with protective equipment, specifically in shooting on the move wearing both a gas mask and helmet. In addition, a kit containing medical items such as a tourniquets are also provided in every vehicle owned by the Agency. Officers wear reflective “police” vests to provide visibility in a crowd. Based on feedback from interviews, many LVMPD officers felt as though they were “sitting ducks” with the reflective vests. LVMPD officers explained they had removed their reflective vests while taking gunfire inside the venue.

The Agency provides different options for officers to carry their own rifles and/or department-issued rifles; however, it is up to the officer to purchase tactical vests including rifle plates if they choose to carry long arms. Individual officers also have the option to purchase and carry personalized equipment ranging from shotguns and rifles to protective ballistic vests. Training and certifications must be maintained to carry firearms on duty, whether department-issued or personally owned.

During the response to this incident, many officers in specialized assignments grabbed their rifles, tactical vests and helmets, though some had no identification markings. It was later learned that not all employees had employee identification markings on the protective equipment issued by the Agency.

Recommendation #62: Develop protocol and training that allows officers to use discretion during critical incidents to remove reflective vests based on the circumstances of the incident.

As discussed in other sections of this report, it was difficult to manage the large number of officers from LVMPD and other agencies who responded to this event. Law enforcement agencies struggle with self-deployment and the management of personnel on scene. One method LVMPD utilized to determine who was doing what on scene was to review BWC videos. In that review, it was extremely difficult to identify officers unless they were personally wearing BWCs or were easily recognizable in the images. Many officers seen in BWC footage were unidentifiable unless known by the reviewer. LVMPD’s BWC policy dictates who wears a body camera. All regularly uniformed sergeants and officers assigned to the Law Enforcement Operations Group, SWAT, K-9, or the Headquarters Security Detail are required to wear their assigned BWC when it is made available by the Agency. Other uniformed officers may voluntarily wear a BWC depending on availability.62

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Improvements are needed in managing on-scene staff resources regarding the identification of who is on scene and what tasks are assigned. Some have suggested that marking the back of protective equipment, specifically ballistic helmets and tactical vests, with personnel numbers could more easily facilitate the identification of officers in the field. Personnel are required to affix their personnel number to uniforms and equipment that are not serialized but this protocol has not been enforced throughout the years. While in the academy, recruits are issued personal protective equipment, including a gas mask and helmet, which are labeled.

**Recommendation #63:** Update LVMPD’s uniform policy establishing criteria for lettering, sizing, coloring, and placement of law enforcement identification on department-issued equipment. This update should include the labeling of personal protective equipment and department-issued property with last name and personnel number.

Individual officers generally carry different equipment ranging from shotguns and rifles to protective ballistic vests. At the time of this incident, however, officers were not authorized to carry rifles while performing foot patrol or working overtime duties. When shots were fired upon the officers working overtime that night, many had to run to their police vehicles hundreds of yards away from their assigned posts to retrieve rifles and protective equipment.

**Recommendation #64:** Explore the feasibility of establishing pre-identified locations, in proximity to officers working special events overtime, to store weapons and personal protective equipment for a quicker response in the event of an emergency.

As a direct result of this incident, officers certified to carry a rifle can deploy and carry while working overtime events. During some pre-planned events, certified rifle-carrying officers are requested by the event to be visible in the crowd.

SWAT officers who responded carried sniper rifles and protective equipment and were thus more protected and prepared than officers who were working the festival. When SWAT staged at SCAC, it brought an armored tactical vehicle for the incident. Even so, many SWAT officers responded to distraction calls along the Las Vegas Boulevard on foot rather than in the armored tactical vehicle.

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As discussed previously in this report, explosive detection equipment, including robots, were utilized at two locations: the Luxor Hotel and Casino for the suspicious black vehicle with wires hanging from the back and the shooter’s vehicle located in valet parking at the Mandalay Bay Resort and Casino. The officers at those locations had the proper equipment they needed that night.

**Tactical Medical Bags**

As a result of the Boston Marathon bombings, the LVMPD issued a total of 2,291 tourniquets agency-wide to officers in the field. In December 2016, LVMPD reconfigured the issued trauma kits so that every vehicle owned by the Agency, including patrol vehicles, undercover vehicles, and motorcycles, contained a new LVMPD trauma kit and a tourniquet.\(^{64}\)

Working officers had access to at least one tourniquet in each patrol or unmarked police vehicle. Local area hospitals and first responders did not have enough tourniquets on hand because of the high number of attendees who were shot by gunfire. Once tourniquets and trauma kit items were used, officers used belts, t-shirts, or whatever they could find in proximity. Trauma kits and tourniquets had to be replenished among those officers working patrol functions. Having the training and the tourniquets at the ready proved a tremendous asset to both officers working the detail at the festival and the early responders.

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<tr>
<th>Recommendation #65: Provide a surge supply of trauma kits within proximity to major events.</th>
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**Tactical Vehicle Program**

In the aftermath of 1 October, the Agency advanced plans for the deployment of tactical vehicles to each area command.\(^{65}\) Two vehicles are now assigned to each area command, resulting in 21 such vehicles deployed across LVMPD’s jurisdiction. Each tactical vehicle, available locally for quick response, contains extra ammunition, a ladder, a ballistic shield for rifles and handguns, a breach kit, medical gear, and a 40mm low lethal launcher. Laughlin Area Command and Airport Command are now assigned these tactical vehicles equipped with medical kits and 50 tourniquets in addition to the aforementioned tactical supplies.

As a result of a generous donation, LVMPD purchased additional Halligan Breacher irons to further equip the tactical vehicles. In addition, multiple pre-loaded rifle magazines containing .223 ammunition will be added to the tactical vehicles. In the event rifle-certified officers are in need of additional ammunition during a dynamic incident, access to ammunition will be available in a tactical vehicle.

\(^{64}\) The contents of the trauma kit include an Israeli bandage, combat gauze, compressed gauze, nasopharyngeal as an airway, a combat application tourniquet (CAT), trauma scissors, and a roll of medical tape.

\(^{65}\) See Appendix C for LVMPD Administrative Notice AN-012-17, Tactical Vehicle Program.
Grant funding from the Department of Homeland Security also enabled the Events Planning Section to purchase 45 tactical bags equipped with medical supplies. Events Planning staff deploy these medical bags depending on the scale of the event. These bags are meant to be used in the event of a mass-casualty shooting and/or significant incident during a pre-planned special event, such as a sporting event or concert. When officers work these pre-planned events, the medical bags are positioned within 100 meters of the officers. During open-air events, medical bags are deployed near the stage. On New Year’s Eve, these medical bags are deployed along the Las Vegas Strip.

**B. Radio Systems**

*Portable Radios and Communications Technology*

As described in Chapter VIII of this report, the Agency utilizes the Motorola Astro P25 radio system, which performed as designed that night. Radio discipline, on the other hand, was inefficient. For routine communications, officers are trained to relay pertinent information over the radio. Due to the massive scale of this incident, the number of officers on scene working the festival, and their proximity to gunfire and victims, officers made numerous attempts to relay information over the radio. However, due to the intensity of the radio traffic, there were approximately 400 denials within the first 15 minutes of the incident. Once an officer presses the “push to talk” button on the radio, no one else can interrupt until the button is released by that officer.

The Radio Systems Bureau provided technical assistance to both the Agency and the TOC located at SCAC that night. As the SWAT commander and the CNT set up the TOC, communications between SWAT officers already inside the Mandalay Bay Resort and Casino and the SWAT commander immediately became an obstacle. As SWAT officers arrived and entered the property, their communications failed, and radios were rendered ineffective without a line of sight. During interviews, SWAT officers described physically positioning near a window to transmit or hear radio traffic coming through their shared simplex channel. SWAT, among other sections within the Agency, utilizes a form of simple communication, a digital simplex channel, which requires a line of sight between radios but not a system frequency. Similar to a walkie-talkie, the simplex system does not require a radio system to function; however, its functionality is limited by proximity. Because SWAT officers and commanders were not in the line of sight, communications were severely hampered among the SWAT team and between SWAT members. Installing and using a high-power repeater could improve the communication capacity of the simplex channel in an urban environment. A high-powered repeater supporting a mobile platform increases the functionality and, therefore, communication quality among radio users.

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66 These medical bags include 15 medical throw kits with one tourniquet, a compression bandage, a roll of gauze, and two sets of latex gloves. These medical kits can be handed to officers working an event. Additional items in the medical bags consist of five chest seals, one pair of clothing scissors, 15 additional compression bandages, and additional latex gloves.
Recommendation #66: Purchase a mobile and/or stand-alone radio repeater to augment existing radio coverage in remote sites or during large-scale, planned, or unplanned incidents.

While SWAT officers struggled to maintain direct communication, officers inside the Mandalay Bay Resort and Casino parking garage were similarly frustrated by poor radio reception. It became difficult to hear and transmit over the radio due to inadequate radio coverage inside some hotel properties. Prior to 2011, Las Vegas hotels were not mandated to have a communications system with public safety frequencies, per fire code. Buildings over five stories tall built prior to 2011 were grandfathered in, thus leaving much of the Las Vegas Strip without public safety frequencies. Currently, CCFD and LVMPD are assessing indoor frequency coverage at local properties to correct deficiencies by July 2020. For most buildings along the Las Vegas Strip that were constructed before 2011, installing a repeater in the 700/800MHz frequency range would enable LVMPD and CCFD communications on public safety frequencies in the interior of hotels and parking garages.

Recommendation #67: Continue existing efforts to assess the quality of first-responder communication capacity inside Las Vegas buildings. Ensure full communications capacity by end of 2020.

Information Technology

When LVMPD responds to a critical incident, two primary IT services are needed in the field: multiple laptops or desktop computers and open, unfiltered Wi-Fi services for all, including other jurisdictions.

During the early hours of DOC operations on 1 October, 24 laptops were requested through ITB to make the DOC more functional for the work ahead. ITB had 15 laptops already staged for this purpose, which allowed for immediate setup in the DOC. In less than three hours, additional laptops were provided and set up inside the DOC with network access to support the incident and operations for the upcoming days.

Seven or eight laptops were used throughout the event, mostly to access internet and stream media in the DOC. Additionally, the DOC requested unfiltered Wi-Fi for operational and external personnel assisting in the DOC.
Traditional ITB requests during critical incidents for computer software are basic, including CAD and PremierOne (P1) Records management software. ITB redirected hardware/software resources to provide the DOC with additional computers with access to LVMPD’s network. For leaders from other jurisdictions who were assisting in the DOC, access to unfiltered Wi-Fi was needed to access their agency systems. During the early intelligence-gathering phase of the investigation, challenges included cloud storage for digital evidence and storage and file access. More than 2,000 LVMPD BWC videos were uploaded to Evidence.com in the hours and days following the incident. In excess of 700 subpoenas, warrants, and/or orders were served during the criminal investigation. This far exceeds the typical volume of Evidence.com uploads.

Based on interviews conducted with the FBI, it was estimated that over 20,000 hours of video and over 250,000 images were collected and taken from numerous locations, and 40 terabytes of digital evidence was recovered from one location alone. As previously mentioned, LVMPD lacked the appropriate resources and associated funding to store the massive amount of evidence collected following an incident of this size.

**Recommendation #68:** Evaluate associated costs for IT hardware, software, cloud, file, and drive storage as well as expanded Wi-Fi access needed during significant incidents and/or MCI. Create a plan for procurement in emergencies.

**Recommendation #69:** Establish the quantity of laptops/computers necessary in key locations (DOC, area commands) for external users to access reliable Wi-Fi and network access. Purchase, stage, and have ready dedicated equipment (predetermined number of devices) for utilization during significant incidents and/or MCI. These devices should have network access and supporting programs for investigative units.

**Recommendation #70:** Establish an information technologies team that can respond and provide IT support during significant incidents and/or MCI.

**Computer Software/Hardware**

From the onset of the event, the Agency did not have adequate software/hardware solutions in place to document and manage the evidence and reports associated with an incident of this magnitude. The Agency lacks updated analytical computer software—such as case management tracking systems, large-scale emergency management systems, and proper permissions—in order to be effective during significant incidents and/or mass shootings. Updated software would create a need for training, as current analysts lack experience with the analytical tools that are critical for the successful management of a large-scale incident.
The scale of the incident and the large numbers of partners challenged the Agency’s existing network capacity. Investigators and analysts from across the Agency—who were collecting intelligence information on the shooter and others who may have been involved—required access to other investigative information. Network access and storage issues arose when personnel from other jurisdictions were added as equal partners in investigative intelligence-gathering tasks. The Agency should establish a list of individuals requiring access to specific internal folders during significant incidents and/or MCI to assist analytical units in gathering intelligence information that will be shared with the lead investigative unit. Creating access maps that clearly describe who has permission to investigative drives prior to a significant incident occurring would alleviate the delay in intelligence gathering and improve the flow of information sharing should a significant incident occur.

**Recommendation #71: Identify classification and appropriate handling of electronic evidence. Consider how the management of such evidence will interoperate with investigative case management and sharing contingencies.**

LVMPD recognizes there are a number of recommendations pertaining to technology throughout this review. It is the Agency’s vision moving into the future to create an enterprise technology solution. This will allow for the integration of multiple facets of the organization’s structure into the interchange of information from various process areas and related databases. Ultimately, these solutions enable organizations to retrieve and disseminate mission-critical data throughout the organization and provide decision makers with real-time operating information. In the event of another MCI, personnel from multiple organizations would have access to various data sets in real time.
XIV. POLICY AND TRAINING

In 2010, as a part of its commitment to connecting policy and practice, LVMPD recognized that officer UOF required a more thorough review and that a stronger connection was needed between the reviews, training, and practice. As a result, CIRT was formed in July of that year, reporting directly to the undersheriff. The purpose of the CIRT review is to improve individual and Agency performance through the evaluation of decision making, tactics used, supervision, and the actual UOF. CIRT then presents possible training needs to the sheriff for individual members, squads, units, sections, or the entire Agency and/or changes to policies and practices. In addition to reviews of UOF, the Agency also routinely reviews OIS and critical incidents and concludes each by debriefing about updated policies and training based on the knowledge garnered through this process.

Through the Collaborative Reform Initiative, an intensive review by the DOJ’s Office of Community Oriented Policing Services (COPS) that began in 2011, police experts from across the country reviewed policies, training, operations, and community trust and confidence. In February 2012, as a result of this process, LVMPD created IOCP Bureau, formally the Office of Internal Oversight, to provide an internal review process following critical incidents and the use of deadly force by commissioned LVMPD officers. The Agency engages in continuous review and feedback systems to ensure alignment across policy, training, and operations.

A. Policy

Prior to 1 October, the Agency had extensive policies in place to respond to serious incidents of violence, natural disasters/emergencies, and large-scale events. As with many agencies, LVMPD studied the events in Mumbai, Boston and at Columbine High School, as well as the attacks of 9/11 on the World Trade Center and the Pentagon. Despite those reviews and lessons, policies were not sufficiently robust to handle the magnitude of what happened on 1 October. As referenced throughout this report, there are areas that call for review, strengthening, and clarification. This section is a summary of MCI planning, the AAR process, and tabletop and full-scale exercises. The training section below includes ICS and MACTAC.

Mass-Casualty Incident Plan

At the time of this incident, policy was not in place specifically for a mass-casualty incident response. Currently, in a policy governing the CBRNE Incident Plan, LVMPD identifies an incident with multiple casualties as being in excess of 20.\footnote{Las Vegas Metropolitan Police Department, “Chemical, Biological, Radiological, Nuclear, or Explosive Incident Plan,” in \textit{Department Manual} (Las Vegas: LVMPD, 2017), § 5/213.14.} What is not detailed in LVMPD’s policy is specifically what the mass-casualty plan entails.
Recommendation #72: Create policy, procedures and protocols for a comprehensive mass-casualty incident plan, including the identification of likely partnering agencies and their anticipated roles and responsibilities during MCIs.

After-Action Review Process

The Agency lacked consistency, accountability, and policies for after-action reporting on large-scale, multi-agency response incidents. Following a significant incident, current policy dictates that an after-action report be completed to generate lessons learned, which include positive and negative observations of police response and decision making. After 1 October, it became clear that a single agency assessment was required in response to an MCI and other large-scale events.

On a regular and systematic basis, LVMPD conducts after-action reviews following incidents such as barricaded subjects, OIS, hostage situations, and/or individuals in need of crisis intervention. LVMPD has a policy in place that outlines the after-action process in addition to a standalone document used for this purpose. However, the Agency did not have a plan to conduct an AAR of this size and magnitude.

Recommendation #73: Further develop the current after-action review process to reference significant incidents and/or MCI. This process should also include all the necessary staffing and logistical needs based on the size and scope of the review.

Tabletop and Full-Scale Exercises

In the aftermath of 1 October, a number of issues have been identified through a post-incident review of the training for large-scale, multi-agency, mass-casualty events. Some are specific to LVMPD operations and policy, and others could have more universal application.

LVMPD’s history with tabletop exercises focused primarily on the tactical responses, meaning that bureau and area commanders, Executive Staff, and administrative civilians were not regular participants. As a result of 1 October, many sections within LVMPD were not prepared to respond and called in all of their resources because they were unfamiliar with the protocols.
Tabletop exercises often concluded once the threat was neutralized and did not include the investigative branch, coordination of medical care, and or aftermath of employee wellness. As LVMPD knows from the aftermath of 1 October, much work has to be done after the assailant is removed from the picture. Partially due to the scale of this incident, LVMPD learned there was a need to plan and make decisions for months after the threat was neutralized. This planning includes things such as victim support, community support, and employee wellness. Furthermore, exercises had not included a sufficient number of ancillary colleagues such as the CCOCME, hospital coordinators, the American Red Cross, social services, and investigators. Besides the aforementioned partners, the following will also be included in future tabletop exercises: PEAP, victim advocates, TIP, FIT, CIRT, Homicide, and the PIO.

It is critical that LVMPD, with specialized units and a wide range of partners, participate in more frequent, robust, full-scale exercises. LVMPD’s leadership and partner agencies as well as other government leaders should participate in such exercises. With less frequency, but with similar importance, is the need for scheduled tabletop exercises with full participation of leadership, LVMPD Command Staff and external partners.

Likely influenced by practice as well as sound skills, those in the DOC understood their roles throughout this incident and contributed tremendously to the relative success of the response. This was important because every available thinking mind, good idea, and responsible action was needed—from securing the Mandalay Bay Resort and Casino and festival lot, to crime scene control, to victim support and family notification. Even with the practiced skills of LVMPD, past exercises had not included enough ancillary colleagues, particularly the numerous medical and health administrators from local area hospitals. The inclusion of medical professionals may have facilitated the relatively urgent task of establishing patient identification and tracking.

As a result of 1 October and other critical incidents that have taken place since that time, the Agency has created and implemented quarterly tabletop exercises called the Commanders Circle. In December 2018, this program kicked off with an initial meeting discussing the intent of the program. Since lieutenants routinely take the position of incident command when they arrive on police scenes, the Commanders Circle is led by LVMPD lieutenants and designed to train, educate, and mentor lieutenants in the Agency.

At the direction of Sheriff Lombardo, the Commanders Circle is mandatory for all lieutenants regardless of assignment. At these quarterly tableops, discussions are held using timely and relevant scenarios learned through LVMPD and other agencies across the country.

Policy Revision

In conducting this AAR it became apparent that many policies, specifically involving incident command systems and mass-casualty incidents, were non-existent, and in need of revision.
Recommendation #74: Develop a plan for annual review (audit) of all policies and procedures related to full-scale exercises requiring multi-agency response and Unified Command. Ensure policies have clear and concise definitions, assignments, and role descriptions for responding personnel.

B. Training

Essential training for Agency employees includes but is not limited to LVMPD’s Police Academy, the Citizen’s Police Academy, the firearms range, the Crisis Intervention Team (CIT), advanced training, MACTAC, the Emergency Vehicles Operation Course, and the Multiple Interactive Learning Objective (MILO) firearms training simulator. In addition, employees are required to have a minimum of four hours in de-escalation training incorporated into AOST, RBT, defensive tactics and ECD. On 1 October, the officers’ training kicked in.

The Organizational Development Bureau (ODB) houses LVMPD’s Training Section. The Training Section develops training programs, selects teaching methods and instructors, and evaluates performance in concert with the Agency’s mission, law enforcement responsibilities, and training goals. Functions of the Training Section include but are not limited to planning, developing, implementing, coordinating, and evaluating training programs in addition to notifying personnel of available and required training.

Incident Command Systems

Due to the frequency of large-scale events in Las Vegas, Agency personnel are routinely exposed to implementing ICS including Unified Command, communication protocols, and response capabilities. As explained earlier in this report, on the night of 1 October, some aspects of standard ICS protocols were not followed. Based on feedback learned through interviews, the regular use of ICS and corresponding physical structures, such as the DOC in routine events, habituates the practice and improves the daily and routine use of ICS and the DOC. This ensures smoother transitions from the routine to the unpredictable, yet-anticipated crisis.

Recommendation #75: Routinely establish the DOC for pre-planned events with large numbers of attendees.

Recommendation #76: Create policy, procedures, and protocols that establish Incident Command System training requirements for all LVMPD sergeants and above.

68 Las Vegas Metropolitan Police Department, “Organizational Development Bureau,” in Department Manual (Las Vegas: LVMPD, 2017), § 1/405.03.
In order to support personnel in following ICS and protocols and to improve their use, dispatchers and call-takers must be trained. It is critical that they understand ICS and manage using ICS principles. Call-takers, dispatchers, supervisors, and managers must have ICS training and participate in exercises that include neutralizing the threat. Future table tops and full-scale exercises should include the investigative branch, bureau, and area commanders as well as Executive Staff.

Recommendation #77: Develop ICS policies with procedures and protocols specifically for LVMPD Communications Bureau and leadership. Include Communications Bureau personnel in ICS training, tabletop, and large-scale exercises to familiarize them with key concepts and common language used during significant incidents and/or MCI.

Multi-Assault Counter Terrorism Action Capabilities

MACTAC squads provided the call signs of responding units to dispatch, informing dispatch of the available resources in an area command. Dispatch operators, however, were unable to account for all squads and officers responding because not all call signs were being sent to them. Frequent training should incorporate NLVPD, NHP, HPD, CCSDPD, and city marshals.

When feedback was provided through interviews, it became clear that some patrol officers and detectives had felt unprepared to integrate with SWAT during this active-shooter incident.

Recommendation #78: Incorporate additional active-shooter/MACTAC training between SWAT and patrol officers for a more coordinated response during significant incidents and/or MCI.

On May 30, 2018, the Agency held a full-scale, active-shooter/IED exercise at Shadow Ridge High School, located at 550 Brent Lane, Las Vegas, Nevada 89131. This exercise included staff from Emergency Management, MACTAC, and leadership throughout the Agency. Participating agencies included CCFD, CCSDPD, city marshals, LVFR, NLVFD, HPD, HFD, NHP, Community Ambulance, AMR, and Medic West. Because this full-scale exercise included an IED, the LVFR Bomb Squad, ARMOR Task Force, and the FBI also participated. Full-scale and tabletop exercises for multi-agency responses, active assailants, terrorist attacks, and/or IEDs typically include the above organizations.

Training should be conducted semi-annually and include a debriefing and documentation of lessons learned. Lessons learned should then be shared with the Agency for educational and training purposes, and policies and training should be updated based on new knowledge, which is similar to the process for UOF, OIS, and critical incidents.
Effective training is critical to habituate activities, responses, and thinking. Training is expensive, specifically the trainers themselves and the cost of replacing and replenishing equipment. Finding ways to practice IC and use shared resources in the DOC is easy in Las Vegas due to the number of events held throughout the year. Music festivals create an opportunity to practice the skills needed when responding to any large-scale criminal incident or natural disaster. These medium or large-scale planned events, often called fixed events, present an opportunity to review critical documents and tactics while enabling personnel to practice establishing a Unified Command with a JIC, a Joint Operation Center (JOC), and an EOC.

At its core, 1 October presented an active shooter, a crowd, and gunshot victims. Essential police training, quality detective work, and the expected integration of communications, operations, and intelligence contributed to the overall success of the operation. While a shooting of this nature—a lone shooter with an arsenal of weapons firing into a contained crowd from a high-rise building—is a rare event, isolating the source of fire, managing multiple streams of intelligence, and then responding to the active shooter are a core competency of LVMPD. Patience, skill, and coordination with partners led to the eventual location and identification of the shooter.
XV. VICTIMS, SURVIVORS, AND FAMILY RESPONSE

Twenty-two thousand people—consisting of music talent, concertgoers, hospitality staff, security personnel, and police officers—fled the Las Vegas Village lot in all directions as shots were fired upon them. As a result, the logistics involved in identifying and documenting victims and survivors was extremely time-consuming and required coordinated efforts. These efforts were complicated by the vast number of attendees who resided out of state (65 percent) and the hundreds of survivors who returned home before receiving medical treatment, which delayed crime reporting and/or collection of evidence. Coordinated efforts with many entities, including FIT, CSAs, the FBI, local and out-of-state law enforcement agencies, and local hospitals, became critical for the purposes of crime reporting and evidence collection.

Of the over 870 documented survivors who suffered injuries, 400 suffered injuries as a result of gunshot wounds and/or shrapnel, and 360 of those documented survivors were injured in ways other than by gunshot wounds and/or shrapnel, and 95 survivors suffered documented injuries categorized as unknown. Some survivors might have suffered injuries they chose not to report. Because mass shootings leave such a significant psychological impact on their survivors, LVMPD will never have a precise number of individuals who were affected by this incident.

In times of crisis, those immediately affected seek information and support. That care, provided both immediately and repeatedly, can help calm the cataclysm of emotions, provide a sense of safety and security, and allow victims and survivors to vocalize fears, anger, and concerns.

Support information and a sense of well-being are equally important following a mass shooting for all involved, including those trained as first responders. Several support sources were established in response to 1 October: a refuge area at the Thomas & Mack Center just east of the festival lot, a family reunification area at LVMPD Headquarters to provide information about missing attendees, the Family Assistance Center for longer-term resources, and the Vegas Strong Resiliency Center, which continues to operate.

A. Initial Refuge: Thomas & Mack Center

The Thomas & Mack Center is located on the UNLV campus and is less than three miles east of the Las Vegas Village lot. As police resources were being established at SCAC and assigned to various parts of the Las Vegas valley, an LVMPD supervisor was sent to the Thomas & Mack Center to assess the situation and triage victims. Victims were gathered in a central location to be identified, provide a statement, and identify what immediate services they needed in the aftermath of the shooting.
UNLV Police Services opened the Thomas & Mack Center, and uniformed patrol officers held perimeter and entrance positions to conduct pat downs and check bags for all those entering the center. Over 1,000 victims arrived at the Thomas & Mack Center using multiple forms of transportation, such as Uber, Lyft, taxi cabs, police vehicles, personal vehicles, buses, or on foot. Numerous survivors arrived with dead cellular phone batteries, shoeless, covered in blood, and with disbelief on their faces. Organizing the chaos quickly became a necessity, and survivors were sorted by police and colleagues from the Clark County Emergency Management based on need and then staged throughout the main concourse inside.

As the sun came up, survivors reported that they did not want to leave the Thomas & Mack Center because they felt safe where they were and did not know what to do next. UNLVPS leadership and staff were extremely compassionate, supportive, and helpful to those in need. The concession stands inside the arena were opened to provide victims with food and water. Citizens from Las Vegas dropped off cell phone chargers, food, water, and blankets.

After attempting to address emerging needs, LVMPD investigative units responded to the Thomas & Mack Center to identify and account for survivors and victims, collect statements, and gather information about the shooting from the experience of those seeking refuge and help there.

B. Family Reunification: LVMPD Headquarters

LVMPD leadership planned to utilize three training rooms located at Headquarters to gather survivors who were separated from loved ones, offering 6,676 square feet of space for a maximum occupancy of 336. Headquarters quickly became a clearinghouse for loved ones searching for separated family members who had attended the festival. As separated family members and survivors started to arrive, it became apparent that the size of the location was inadequate. Due to the overwhelming number of individuals seeking assistance, a larger space was necessary to accommodate resources to help the survivors.

Because she was not immediately notified of the incident, LVMPD’s victim advocate manager self-dispatched to Headquarters around 3:00 a.m. on October 2. Once at the DOC, she realized victim advocates had not been a part of any discussions, tabletop exercises, or long-term planning for mass-casualty incidents because most were unfamiliar with the resources victim advocates provide. Victim advocates assist eligible victims and their families in coping and recovering from the physical, emotional, and financial impacts of a violent crime. They are either employed by LVMPD or serve as civilian volunteers.

69 Those survivors who fled to McCarran International Airport boarded buses and were transported to the Thomas & Mack Center.
Criteria for the Nevada State Victims of Crime Program (VOCP) are outlined in Chapter 217 of the *Nevada Revised Statutes*. To be eligible for assistance under this program, a person must be a victim of a violent crime in Nevada, involving physical injury, threat of physical injury, or death, or a family member of a deceased victim. In addition, this program assists victims with a variety of expenses as a direct result of the crime, such as funeral expenses and medical bills not covered by medical insurance.

**Recommendation #79: Update policy, procedures, and protocols that include LVMPD victim advocates in significant incidents and/or MCI response. Incorporate victim advocates in all significant incident and/or MCI training.**

The victim advocate manager had the full support of leadership to start contacting victims who were gathering in the training rooms. A short time later, a team of advocates joined to provide assistance to victims while they were interviewed by investigators and/or to help make phone calls to family members who resided out of state.

Meanwhile, the CCEM and the coroner began to establish the Family Assistance Center (FAC) at the nearby Las Vegas Convention Center. As LVMPD victim advocates prepared survivors to move to the FAC, the DOC secured a bus to transport over 40 survivors and family members to the new location. As smaller groups of survivors made their way to family reunification at LVMPD Headquarters, additional transportation became a challenge. Volunteer drivers with Lyft, Uber, and private taxi companies provided free transportation to survivors and family members from LVMPD Headquarters to the FAC as well as to various locations throughout the valley as needed. While transportation was extremely important to get survivors and family members to the appropriate locations to receive resources and information, there was no staging area at LVMPD Headquarters for volunteer drivers to wait to provide free transportation when called upon.

**Recommendation #80: Continue to include administrators of private-sector partners, such as public transportation and ride-share companies, in tabletop exercises related to significant incidents and/or MCI.**

In addition to LVMPD victim advocates, advocates from NLVPD, the Las Vegas City Attorney’s Office, the Clark County District Attorney’s Office, and the Rape Crisis Center assisted at LVMPD Headquarters and the FAC.
Although families and survivors were spread across the Las Vegas valley, each location was visited by LVMPD victim advocates, who assisted with death notifications and provided VOCP services and the necessary paperwork to those they met. Across these several locations, LVMPD victim advocates made over 500 contacts with survivors and families in October 2017.\(^{70}\)

C. Family Assistance Center at the Las Vegas Convention Center

Connecting families and providing information pertaining to resources following a mass shooting are the responsibility of the coroner. An FAC provides assistance and information to families of those killed, injured, or otherwise affected by an incident such as this mass-casualty incident.

Due to the strong relationships and history of successful collaboration built over the years among LVMPD, the coroner, CCFD, and LVCVA, the director of the LVCVA did not hesitate to provide 242,000 square feet of space to establish and maintain the FAC in the hours following the incident. The CCOCME and CCEM opened the FAC in the south hall of the Las Vegas Convention Center at approximately 1:00 p.m. on October 2.

FBI agents from the Orlando, Florida Field Office, who were involved in the response to the Pulse Nightclub shooting, flew to Las Vegas to provide support and assistance. The FBI’s expertise in setting up and maintaining an FAC became a model for Las Vegas and was instrumental to its success. In order to facilitate support and connections, exchange critically important information, answer questions, and make referrals, it was essential to create the FAC quickly in the aftermath of the mass-casualty incident.

| Recommendation #81: Increase the Agency’s knowledge and expertise in establishing a Family Assistance Center. |
| Recommendation #82: Expand MCI tabletop exercises and training beyond initial response to include post-incident needs such as establishing a Family Assistance Center and employee wellness and healing. Relevant partnering agencies should be included in this training. |

The following resources were available at the FAC: police, fire, LVMPD victim advocates, the American Red Cross, the FBI’s Victim Services Division, property recovery, travel and transportation assistance, healthcare assistance, administrative support to agencies, legal services, social services, the Nevada Department of Motor Vehicles, the Nevada Attorney General’s Office, the Consulate’s Office, legal aid, MGM Resorts Human Resources, on-site childcare services, spiritual care, and crisis counselors.

\(^{70}\) This number does not include the number of contacts made by LVMPD victim advocates at the FAC.
The FAC operated around the clock for the first three days and then transitioned to being open for nine hours every day. Over 4,200 individuals received assistance through the FAC during its 18 days of operation. A call center in partnership with Nevada 2-1-1 took missing persons reports for those still unable to locate loved ones. Three separate call centers were operating during this time and took over 14,000 calls.

After all personal property was recovered from the festival lot and transported to the FAC, the FBI categorized and coordinated property recovery efforts. The property recovered consisted of cell phones, boots, shoes, hats, clothing, foldable chairs, strollers, backpacks, purses, and wallets, among other items.

Property collected from the festival lot was cleaned and returned to its rightful owners, including the next of kin. Once verified, 779 personal property items were returned to survivors and/or family members who walked into the FAC. In early 2018, the FBI created a website for survivors to help facilitate finding missing property that was left behind. The FBI shipped 692 personal property items to those who claimed them.

The FAC’s doors closed on October 20 and the Vegas Strong Resiliency Center was established. As of the authoring of this report, LVMPD Victim Services continues to work closely with the Center in efforts to support the victims’ families, survivors, and first responders in healing and completing paperwork relating to VOCP.

**Property in the Las Vegas Village Lot**

![Property in the Las Vegas Village Lot Photo from LVMPD.](image)
D. Partners in Victim and Survivor Response

TIP of Southern Nevada is a non-profit organization dedicated to ensuring that those who are emotionally traumatized in emergency situations receive the assistance they need. This program works closely with local emergency response agencies including the Coroner’s Office. These well-trained volunteers respond to emergency scenes, providing emotional and practical support to family members, witnesses, and other bystanders directly on scene in the initial stage of the investigative process. Just after 10:30 p.m. on 1 October, LVMPD’s PEAP director contacted the TIP director for immediate response. Twenty-five volunteers were immediately deployed to local area hospitals, LVMPD Headquarters, as well as the DOC. TIP provided round-the-clock volunteers at the Family Assistance Center. The following day, an additional 27 volunteers were deployed to provide emotional support to survivors dispersed across the Las Vegas valley. The director of TIP responded to Sunrise Hospital, which received the majority of victims, to assist family members with locating loved ones. While at Sunrise Hospital, the director assisted with 11 death notifications. Communications flowed well between TIP, LVMPD, and the Coroner’s Office. In fact, TIP had more volunteers available than incoming requests for assistance.

Having individuals specifically trained in trauma and grief support who can quickly assemble and respond to a significant incident such as this was extremely impactful for healing in the aftermath. In addition to providing support to survivors and their families, volunteers assisted the Coroner’s Office with approximately 40 death notifications. The majority of these death notifications were made at the Family Assistance Center. Volunteers operated for 11 days and provided support to victims’ families, survivors, first responders, and numerous emergency response agencies including police, fire and medical, and the Coroner’s Office.

E. Ongoing Support for Survivors: Vegas Strong Resiliency Center

The Vegas Strong Resiliency Center opened on October 23, 2017, to provide resources and referral services to residents, survivors, families of victims, and first responders directly affected by the mass shooting. Services that were immediately available upon opening included victim advocacy and support, case management, counseling and spiritual care referrals, and technical assistance in applying for the FBI’s Victim Assistance Services and Victim of Crime Services.

The Resiliency Center remains open and will continue to provide needed services as long as funds are available to support it. Among the most talked about services at the Resiliency Center were the service animals provided during hours of operation. Not only did the Las Vegas community provide support to survivors and families as well as police, fire, and medical professionals, acts of kindness from across the country showed support. Survivors and communities who experienced mass causalities sent thank-you cards and gift baskets with motivational books to the first-responder and medical communities in Las Vegas. Local schools sent thank-you cards, student artwork, and boxes of t-shirts to various LVMPD offices. Food and water were delivered to every area police and fire station across the valley. “Vegas Strong” items appeared across the valley, and many items quickly became available for purchase following the incident.
XVI. EMPLOYEE WELLNESS AND HEALING

When dealing with trauma, people don’t always need advice. Sometimes it is just having someone to walk with you in your pain, matching your steps with an ear to listen and a heart willing to understand. The journey to healing often begins when those that are hurting find it safe to talk.

—Current PEAP Director Annette Mullin

In the aftermath of 1 October, much of the discussion among LVMPD leadership centered on how to promote employee wellness and healing. This chapter discusses the resources LVMPD had in place at the time of the incident and what the Agency has learned since that tragic day. Being prepared to handle a community—of thousands of employees—in need of healing is important when moving forward.

A. Police Employee Assistance Program

LVMPD implemented PEAP for all LVMPD employees and their family members in 1984. PEAP is a confidential program designed to help resolve personal and/or family issues before they disrupt home or work life. Any Agency employee or his or her family members may contact PEAP to utilize the services. Employees may also contact PEAP when concerned about the welfare and well-being of another employee. Calls can be made anonymously. Participation in the program is voluntary. The only exceptions to the confidentiality rule are immediate threats to self or others or the admission of a crime.

In addition, PEAP coordinates with the sheriff and liaises with an officer’s family in the event of a line-of-duty death or critical injury. The PEAP staff offers assistance by providing details of the incident, emotional support, and referrals, as well as by supporting families with funeral planning if desired. LVMPD employees and their immediate family members can contact PEAP and speak with a peer counselor any time of day or night. Self-service tools and information are also available online to employees.

On 1 October, PEAP consisted of a civilian director, one commissioned PEAP manager, three police officers, two corrections officers and a civilian LEST. An officer in PEAP contacted the director and advised her of the incident at the festival. This informal yet reliable passage of information allowed the PEAP team to prepare for the work before them—helping dozens of officers and family members who were direct survivors of the assault as well as dozens of responding officers witnessing and dealing with extraordinary levels of trauma and an enormous number of casualties. The director of PEAP assigned a peer counselor and civilian support staff to the PEAP Office in anticipation of accepting calls and responding to the needs of the LVMPD family. The remaining PEAP employees deployed to local area hospitals—specifically UMC, Valley, and Sunrise Hospital—and to LVMPD’s Communications Bureau and the DOC to assist officers and family members directly involved and concerned for loved ones.
Within a few hours of the incident, Agency members began leaving voice messages seeking assistance from PEAP. PEAP collected the names of employees who were working overtime at the venue, responded to the incident, or were identified as having been impacted by the event. A call center was created at the office, which at times consisted of PEAP staff, volunteers from the American Red Cross, dispatchers from both LVFR and CCFD, peer counselors from HPD, special agents from the FBI, and Arizona law enforcement. Staff and volunteers assisting in the call center were provided a script outlining the range of benefits and how employees could access them. Employees who were having an especially difficult time received additional resources and were forwarded to PEAP peer counselors for immediate attention, connection to counseling and trauma services, and follow-up.

In the ensuing hours, days, and months, PEAP proactively contacted employees identified as involved in or impacted by 1 October. PEAP staff, in coordination with trained licensed clinicians, conducted critical incident debriefs at all area commands, the Communications Bureau, the Criminalistics Bureau, Headquarters, and Laughlin. These debriefs were conducted on all shifts, which allowed PEAP members and clinicians to properly assess and make counseling referrals as needed. PEAP contacted 992 Agency employees in the two months following the incident. As part of the PEAP service and protocol, immediate family members were also invited to participate in counseling services. Of note, critical incident debriefs were also arranged and conducted for spouses and family members of first responders involved in 1 October.

LVMPD’s Police Chaplain Program functions in support of and under the direction of PEAP. This program began in December 2005, with only five members from local clergy and has been overseen by the PEAP manager. There has been tremendous growth in the program over the years. The Agency now has 22 police chaplains. There are two assigned to each area command. In addition, chaplains are assigned to DSD, Communications, CSI, the Evidence Vault, Traffic, McCarran International Airport, Training & Academy, and LVMPD Headquarters. Caring for and reaching out to LVMPD employees and their families to provide emotional and spiritual support and any other self-identified need are the primary responsibilities of police chaplains.

After the gunfire stopped, one police chaplain responded to Unified Command at SCAC, two to the DOC, and four to UMC and Valley Hospital. Police chaplains responded both to the Thomas & Mack Center and to LVMPD Headquarters where family members gathered to hear about the status of their loved ones. Police chaplains provided support to survivors and family members until all death notifications were made. The last death notification was completed on October 4, at approximately 9:34 p.m. Additionally, a police chaplain was assigned to LVMPD Headquarters for several days following the incident to provide support. A total of 20 police chaplains responded as a result of the mass shooting.
Realizing the resources of PEAP and the Chaplain Program were not sufficient following an event of this magnitude, additional expert stakeholders were enlisted to provide support. Coordinated efforts were immediately made with resources from TIP, including Agency clinicians and therapists, as well as peer counselors working for other local law enforcement agencies—all contributed countless hours of expert assistance.

Before the events of 1 October, the PEAP section had formed these relationships with Employee Assistance Program (EAP) coordinators from across the Las Vegas valley including TIP, Lake Mead National Recreational Area, Family Clinical Services, the City of Las Vegas, the Coroner’s Office, the FBI, HPD, NLVPD, LVFR, and CCFD. This EAP “think tank” would meet quarterly to solidify their relationships, discuss ways in which they might support one another in a large-scale incident, and share programs and ideas that were successful in promoting employee wellness within their agencies. The prior planning and existing relationships proved invaluable on 1 October as PEAP strategized its collective response.

Recommendation #83: Develop a cadre of individuals and agencies from the region who are trained and willing to serve as force multipliers when additional peer support to LVMPD employees is necessary.

Under the worst conditions, first responders bury their own emotions to do the work they know they must. LVMPD employees, as expected, worked together to address the threat and save lives. Only after that task was completed did staff allow their emotions to surface. Consistent with LVMPD’s culture of learning, employees were encouraged to share their experiences and feelings with each other, especially those officers who were attending the festival off duty or working overtime.

B. Police and Civilian Membership Associations

There are three main associations at LVMPD: one represents managers and supervisors, one represents rank-and-file officers, and one represents civilian employees. Each of these associations responded to 1 October and coordinated support with the structures of LVMPD.

The Las Vegas Police Managers & Supervisors Association (LVPMSA) is an independent union that acts as the collective bargaining unit and as part of the contract negotiating team for nearly 500 police and corrections sergeants, lieutenants, and captains in LVMPD. In addition, the LVPMSA provides representation during internal investigations, grievances, policy violations, coordination of health and welfare benefits, political outreach, and community service initiatives for the benefit of its members and families. When they learned of the mass shooting, the chairman and vice chairman knew they might be needed. They were available at 6:00 a.m. the next morning for the Agency and membership.
With over 3,000 active members, the Las Vegas Police Protective Association (LVPPA) is an independent union who provide members with representation during internal investigations and grievances, participates in contract negotiations, and provides legal counsel to individual members. When representatives from the LVPPA learned of the incident, they immediately deployed to the Las Vegas Strip. They activated their LVPPA mobile response vehicle, and representatives responded to UMC, Unified Command, the DOC, and hospitals.

The Police Protective Association Civilian Employees (LVPPACE) represents over 1,000 active civilian members of LVMPD including dispatchers, CSAs, evidence technicians, law enforcement support technicians, DSD support technicians, administrative assistants, and other workers. After becoming aware of the incident, representatives responded to the LVPPACE office and staffed the phones to respond to members willing to return to duty or otherwise serve the needs of the community. On the morning of October 2, LVPPACE responded to LVMPD Communications to support the dispatchers and supervisors working that night. Thereafter, LVPPACE leadership visited LVMPD’s Radio Shop to lend support.

Although LVMPD does not have official response protocols or training for incidents of this magnitude, representatives from the above three Las Vegas police unions provided assistance and support when asked, checked the well-being of their membership, and demonstrated the aligned goal of management and staff to care for LVMPD employees of all kinds during and after 1 October.

**Recommendation #84: Provide crisis and trauma training to collective bargaining associations to assist membership in the aftermath of a critical incident.**

Along with PEAP, union representatives, and police chaplains, LVMPD’s Honor Guard is a point of contact and support for many LVMPD employees during times of crisis and life’s everyday challenges. It is the practice of Honor Guard members to activate immediately upon notification of a death in the line of duty. The mere presence of the Honor Guard provides support, acknowledgement, and encouragement for employees at the affected bureau or area command in the event of a line-of-duty death or critical injury. Tragically, an off-duty police officer attending the concert on 1 October was among the 58 fatalities that night. For support and in respect, LVMPD’s Honor Guard was dispatched to Sunrise Hospital to stand by until the officer was relocated to the Coroner’s Office.
C. Recognizing and Responding to Employee Post-Event Needs

The current Early Identification and Intervention Program (EIIP) was implemented in 2006 and designed to assist supervisors in managing their employees. EIIP is a non-disciplinary approach to monitor employee performance issues and is distinct from Internal Affairs, the Agency’s administrative investigative system, and Labor Relations, which oversees employee discipline. EIIP’s primary responsibility is to identify trends and patterns in employee behavior before becoming risks and liabilities for the Agency and the employee. EIIP uses a proactive, multi-pronged approach to research and address identified trends and patterns. EIIP is part of the Agency’s larger effort to support and improve employee performance.

LVMPD recognizes that the long-term cumulative effect of repeated involvement in traumatic events increases the potential for mental health issues on and off duty as well as problems with work performance. The Agency tracks patterns of behavior with EIIP. In the aftermath of 1 October, LVMPD also began tracking employee involvement in the mass shooting. This was done in part by reviewing the aforementioned Officer’s Reports and civilian memorandums. During the course of their career, employees experience many supervisory changes. Being able to access EIIP and learn the extent of an employee’s involvement in 1 October has been valuable in tracking employee wellness.

In April 2018, EIIP piloted a Significant Event Reporting (SER) system in two area commands. SER reporting is based on the existing process of EIIP that alerts supervisors when officers have increased or repeated exposure to significant events that can produce trauma or stress. As with other EIIP data points, SER is intended only to provide supervisors with the history of officers’ exposure to trauma at mass-casualty incidents or other potentially traumatic events. These notifications are provided to supervisors via alerts after the SER incidents reach an established threshold. Should evidence of post-traumatic stress disorder (PTSD) or other behavioral concerns arise, the supervisor has additional important and relevant information on the employee to initiate a referral or other monitoring.

The SER program aims to provide a long-term solution for managing significant events and employee wellness while ensuring the organization has a single repository for high-stress incidents. The benefit to LVMPD employees and the overall Agency is tremendous and comes with little to no cost to the organization.

Recommendation #85: Expand the Significant Event Reporting (SER) program to all Agency employees following a significant incident and/or MCI.
D. Providing Equal Access to Care

In the aftermath and early recovery stages of 1 October, LVMPD’s leadership and members learned that there was neither comprehensive nor agency-wide access to EAP or behavioral health benefits for all employees. The resources in place at the time were inadequate to address the needs of all LVMPD employees. As discussed earlier in this section, employees of LVMPD are covered under three separate and distinct health plans: one for civilian employees, one for commissioned officers and recruits, and one for appointed employees. Commissioned and civilian employees both utilized the Behavioral Health Option (BHO) for EAP services, which were increased from three to six visits in consideration of the incident, and Health Trust implemented no co-pay ($0) for counseling services immediately following the incident. Civilian employees had EAP visits but a co-pay when the free visits were finished. Depending on which health plan employees chose, they might have had BHO as well.

The plan for commissioned officers had a three-visit, zero co-payment model for EAP at the time of the incident, and outside the EAP program, it was $15 per visit. Due to the self-funded nature of the plan, within three days of the incident, the plan professionals and trustees waived all co-pays for counseling services, effective 1 October. As of this AAR, co-pays continue to be waived for LVMPD employees covered under Health Trust. Subsequently, on January 1, 2018, this health plan added telephonic/virtual mental health and substance abuse counseling services with no co-pay.

Due to forward thinking, all staff have the opportunity to utilize EAP. There were disparities in the plans, resulting in unequal access to EAP services across LVMPD personnel. The 171 appointed personnel had no formal EAP at the time and were directed to access free resources offered through multiple community-based organizations. BHO, the EAP for civilian and commissioned plans, extended its coverage to all appointed personnel free of charge up to six EAP visits. Fees were waived for all LVMPD employees and their family members; and the limits on visits for EAP support were increased, permitting more personnel to avail themselves of assistance.

Today, the employees of the Agency are covered for EAP and mental health services through their health coverage. Clark County added EAP services on January 1, 2018, to its benefits package. That encompasses three separate benefits programs and two different healthcare companies. This causes confusion throughout the organization as to who has access to which program and what the benefit is for each.

**Recommendation #86: Re-evaluate EAP benefits to ensure all LVMPD employees and their family members have similar access to the same programs and providers.**
An incident of this size demands a lengthy investment of time and resources, which are not easy to anticipate beforehand. In the months following the mass shooting, LVMPD continued to focus on the criminal investigation and the administrative responsibilities. As the Agency, key partners, and the community struggled after 1 October to make sense of what happened, LVMPD was confronted with a series of issues that required time and attention. Some of these issues required more focus, thought, and planning than expected.

A. Ongoing Resource Demands

More than 5,500 employees including police, corrections staff, and civilian staff were employed by the Agency at the time of the incident. For weeks following 1 October, a sustained police presence was necessary to maintain the integrity of multiple crime scenes, provide protection for victims and survivors who visited the FAC, and support the Coroner’s Office, among other security needs. These additional needs had to be covered by overtime assignments because the Agency was still running a police department.

With the Las Vegas Village lot being the largest crime scene, followed by the Mandalay Bay rooms, squads of officers were needed for the investigation. During the first week following the incident, 12 officers and a sergeant working 12-hour shifts maintained perimeter security around the clock. As investigators and CSAs documented and removed property from the festival lot, fewer and fewer officers were needed. From October 10 through October 14, staffing decreased to ten officers and a sergeant. Staffing again decreased during the period from October 15 to November 7 when seven officers and a sergeant handled the perimeter.

The FAC at the Las Vegas Convention Center required four officers and a sergeant around the clock, alternating every 12 hours, during the first week of operation. During the second week of operation, three officers and a sergeant maintained a police presence during business hours. Two officers conducted perimeter checks overnight at the FAC. As the third week of operation approached, before moving to the Vegas Strong Resiliency Center, two officers secured the FAC around the clock in 12-hour shifts.

As the medical examiners and staff at the Coroner’s Office processed the deceased victims and the shooter’s body, two police officers provided around-the-clock presence the entire month of October 2017.

On Wednesday, October 4, 2017, more than 100 police officers were pulled from their normal day-to-day assignments to provide security during a visit from President Trump and the First Lady. Days later, Vice President Pence visited Las Vegas, which required an additional 89 officers.
Post-1 October Staffing Levels by Location and Visits

<table>
<thead>
<tr>
<th>Location/Visit</th>
<th>Personnel Level</th>
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| Las Vegas Village Lot | • Early October: 12 officers and a sergeant in 12-hour shifts  
                        • Mid October: 10 officers and a sergeant in 12-hour shifts  
                        • Late October to early November: Seven officers and a sergeant in 12-hour shifts |
| FAC                 | • First week of operation: Four officers and a sergeant in 12-hour shifts  
                        • Second week of operation: Three officers and a sergeant during business hours and two officers doing overnight perimeter checks.  
                        • Third week of operation: two officers in 12-hour shifts |
| Coroner’s Office    | • All of October 2017: Around the clock presence of two police officers |
| President’s Visit   | • October 4: More than 100 officers |
| Vice President’s Visit | • October 7: 89 officers |

As discussed in Chapter III of this report, Las Vegas Strip properties hire LVMPD officers for additional safety and the protection of their guests. In addition to normal overtime requests from these Las Vegas Strip properties, LVMPD’s Events Planning Section continued to fulfill overtime requests following 1 October. Many of these requests asked for extra officers; regular day/nightclub requests for two officers increased to four officers. However, the need to provide additional overtime coverage in addition to “normal” overtime shifts proved to be challenging in the weeks after 1 October. Fifty-one LVMPD employees provided overtime at the Route 91 Harvest Music Festival. In October, the Las Vegas Golden Knights kicked off its inaugural National Hockey League season, requiring overtime for more than 50 officers as well as civilian staff per game. A slow weekend of scheduled special events in Las Vegas may require approximately 300 overtime officers, and busy weekends where multiple special events are scheduled might require in excess of 700 overtime officers. During these events, officers protect assets, visitors, and residents in attendance.

Following 1 October, event coordinators specifically requested officers who were certified as Special Purpose Riflemen (SPRs) for an extra layer of protection. SPR officers are trained to observe and engage targets at longer distances than traditional rifle-certified officers. Upgraded rifles, optics, ammunition, and range finders allow these trained officers to engage threats from a vertical position and/or from unique angles. During open-air events, SPR officers observe the crowd of attendees and relay threat information to the officers on the ground. To date, the Agency has 96 certified SPRs.
B. Administrative Responsibilities

One of the most difficult tasks in the aftermath of a mass-casualty incident is conducting timely debriefings with all those involved. As described in this report, it was extremely difficult to determine exactly how many employees responded and what specifically they did in their response. In addition, agencies must be prepared for requests regarding presentations on lessons learned. The consideration and substance of these presentations should be handled carefully and consistently. When LVMPD resumed regular day-to-day operations, the need to honor those who went above and beyond the line of duty that night became clear. The Agency continued to balance multiple requests for information coming from the media, general public, and survivors. All of these duties were extremely important in the aftermath of 1 October.

Agency Debriefing

As the community and first responders across the valley tried to recover and heal from the unimaginable incident, many—including LVMPD officers—wanted questions answered. Considering the extent of the criminal investigation and numerous partnering agencies involved, it was difficult to determine why one person caused such a tragedy. It took more than eight months after this tragedy for employees working overtime to receive an official debriefing by the Agency.

Recommendation #87: Create and implement policy, procedures, and protocols for an agency-wide critical-incident, stress-management debriefing process.

Presentations and Speaking Engagements

In the months following 1 October, there were numerous requests for LVMPD to speak to law enforcement agencies, fire departments, and first-responder training conferences and seminars. While it was of utmost significance to honor the victims, sharing facts of the incident and lessons learned with the law enforcement and first-responder communities was also important. As a result of the multiple requests, LVMPD developed a list of lessons learned from 1 October. These lessons learned have been shared with multiple law enforcement, fire, and medical agencies across the country. As of the release of this report, the Agency has fulfilled over 225 speaking engagement requests.

Recommendation #88: Create policy, procedures, and protocols outlining authorization for speaking and training engagements pertaining to lessons learned following significant incidents and/or MCI.
Employee Interviews and Appearances

It was difficult not only for the department to fulfill every request for information from the media but also for employees to respond to requests for interviews and special appearances. In addition, it was difficult for the Agency to select which employees should participate because information verifying individuals’ actions was not available.

Recommendation #89: Establish and reinforce policy, procedures, and protocols for LVMPD employees who are asked to attend community events, speaking engagements and interviews related to significant incidents and/or MCI.

Honoring Agency Personnel

Knowing it would be extremely difficult to identify every Agency employee affected by 1 October, Sheriff Lombardo asked all LVMPD personnel for assistance in designing a 1 October remembrance pin. Civilian employees and commissioned officers submitted a total of 66 designs. The design below was selected as the Agency’s 1 October Commemorative Pin.

Pin Designed by Detectives Pandullo and Kendrick

As a result of this AAR process, over 1,500 Agency employees, including police, corrections officers, civilian staff, and LVMPD volunteers, were identified as victims, survivors, and first responders who were fired upon and/or who responded to multiple crime scenes, hospitals, and the Family Assistance Center. The logistics involved in an award ceremony to honor over 1,500 employees was incredibly challenging, requiring teams of individuals to plan, organize, and facilitate the event.

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71 While riding together one day in May 2018, Detectives Tullio Pandullo and Christopher Kendrick talked about a simple design for the pin after learning of Sheriff Lombardo’s request. With the festival in mind, Detectives Pandullo and Kendrick chose the colors orange and black to represent the time of year this music festival occurred—the fall. The thin blue line was chosen to represent the unity of first responders and the loss of LVMPD Officer Charleston Hartfield. As the deadline approached, the above design was submitted and ultimately selected as the 1 October Commemorative Pin.
An award subcommittee for 1 October was established to assist in determining commendations for the Sheriff Salutes the Best of the Badge Ceremony, held on September 14, 2018. Since 2013, the Best of the Badge Ceremony awards officers who have taken notable actions in the line of duty. The Agency gives three awards: the Purple Heart, the Medal of Honor, and the Medal of Valor. During the annual ceremony in September 2018, Sheriff Lombardo honored 156 employees for their notable actions on 1 October.

**Recommendation #90: Review and update policy for commendations to include honorary ceremonies and community events resulting from significant events and/or MCI, in which large numbers of employees are involved.**

**Public Records Requests**

In the hours following the mass shooting, public records requests for “any and all” information regarding the tragedy poured into the PIO’s office. The time and resources needed to collect, review, and redact documents, dispatch audio and video files to prepare briefs, and release such information upon request were significant. Media outlets became impatient with this process and filed a lawsuit against LVMPD.72

As a result of the a court order, the Office of General Counsel organized a committee to assess the volume of information pertaining to the 1 October public records requests and the extent of the dispatch audio files, video files, and documents connected to the criminal investigation.

In mid-May of 2018, a squad of six investigators and a sergeant reported to the Office of General Counsel. These investigators and sergeant were removed from normal work assignments and assigned to Headquarters to help comply with the court order. Training was provided to the investigators and the sergeant on how to redact audio files, video files, and documents. The review and redaction of BWC video was extremely time consuming. For every hour spent reviewing a video file, it took approximately five hours of redaction before a file was ready for release to the media or the public on average. Another six investigators joined the redaction team in late June 2018. Due to the numerous dispatch audio files of this incident, another team of dispatch specialists and call-takers were assigned redaction responsibilities for the 9-1-1 audio files.

To date, the Agency has released over 12,000 files consisting of audio and video/surveillance (mp4 or mp3 files) including the structure to play these files and over 500 folders containing 298 gigabits of redacted documents related to 1 October in response to public records requests. This equates to over 3,300 pages of redacted documents and well over 1,000 audio files containing 9-1-1 emergency calls and radio transmissions from the incident. In order to defend digital evidence through the litigation process, a digital forensics process with highly-trained employees is essential.

Recommendation #91: Create policy, procedures, and protocols to meet the mandates for releasing public records in large-scale incidents and/or MCI.

Recommendation #92: Establish a cadre system under the current Digital Investigations Bureau to meet the mandates of releasing public records.

Recommendation #93: Enhance the current digital forensic examination platform for maintaining digital records.

Preparing employees and their families for the release of audio, video, and documents in which the employee was recorded or referenced is essential for their well-being. The release of audio, video, and documents involving employees can re-traumatize them. The Agency took steps to mitigate re-traumatization of employees. Utilizing PEAP resources was extremely important during this process because it allowed for immediate resources and support to Agency employees involved in the released information. Emotions, deceased victims, survivors, phone conversations, and employee conduct or lack thereof were all heard and/or seen by the country after being published by media outlets. Not only were Agency employees prepared ahead of time and resources made available for those whose documents and/or videos were being released weekly, the investigators redacting the information were provided the same resources.

It was extremely time consuming to gather, redact, and release requested information that resulted from an incident of this size. The costs associated with the release of public records as a result of the lawsuit has cost the Agency well over $1 million. As of July 2018, nearly 15 public records release requests have been received each week. The redaction teams continue to work on the public records release requests.
XVIII. CONCLUSION

First responders in our country have a difficult and heavily scrutinized profession. Nothing magnified this more than the act of evil that took place in one of America’s most iconic tourist destinations. The horrific event that unfolded on October 1, 2017, should serve as a reminder that all in the law enforcement profession must work diligently to stay at the forefront of any and all potential threats that can bring harm to those we are sworn to protect.

LVMPD was effective in many areas of the response to that fateful night due to established policies and training. What must be highlighted are the relationships that were established long before this mass shooting. LVMPD is grateful to all its first-responder partners who make it a priority to train together, conduct tabletop exercises, and consistently communicate at all levels of every organization to ensure the safety of our citizens and visitors. We were also successful in many aspects of our overall response because we relied on the talented and dedicated professionals who were motivated to stop the killing and save lives. It is apparent to us as an agency that there are many areas where we must improve to better serve our community in the future. This self-assessment will allow us to verify moving forward that we have policies, procedures, training, technology, leadership development, and partnerships in place to achieve our vision of being the safest community in America.

It is our sincere hope that by authoring an AAR detailing the lessons learned by LVMPD before, during, and after 1 October we can provide insight and drive positive change for first-responder agencies across the world. This AAR is our way to further our profession and honor the 58 lives lost and countless others who are forever changed.
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<tr>
<td>involved in a significant incident and/or MCI are sent to staging as they</td>
<td>Bureau</td>
</tr>
<tr>
<td>are relieved from their post. All department member “shooting survivors”</td>
<td></td>
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<tr>
<td>should be identified and documented for later debriefing/wellness plans.</td>
<td></td>
</tr>
<tr>
<td>(page 28)</td>
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<tr>
<td></td>
<td>Evaluate the need for policy, procedures, and training regarding SWAT Aerial Platform Snipers in the event of an active-shooter incident where the shooter is at an elevated position of advantage. (page 28)</td>
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<tr>
<td>10.</td>
<td>Expand active-shooter training to include a barricaded active shooter when the shooter is in a position of advantage. (page 30)</td>
</tr>
</tbody>
</table>

**Incident Command**

| 11. | During large-scale events, identify a secondary location for a command post in the event the primary command post is inoperable, and include this in the Incident Action Plan. Incorporate this concept into training. (page 34) | Southern Nevada Counter-Terrorism Center, Emergency Management and Support Operations Bureau, Events Planning |
| 12. | During a large-scale event and/or MCI, schedule and modify briefing times to communicate effectively. (page 37) | Southern Nevada Counter-Terrorism Center, Emergency Management |
| 13. | Provide clear policy direction with ICS roles and responsibilities defined for the staging manager during a significant incident and/or MCI. (page 38) | Southern Nevada Counter-Terrorism Center, Emergency Management |
| 14. | Create and strengthen policy to control and manage the inevitable self-deployment of off-duty first responders during these types of incidents. (page 39) | Organizational Development Bureau and Internal Oversight and Constitutional Policing Bureau, Office of Internal Oversight |
| 15. | Develop and implement electronic staging solutions software to account for and manage resources deployed during an incident as part of a larger incident management system. (page 40) | Southern Nevada Counter-Terrorism Center, Emergency Management |
| 16. | Establish and implement geographical identifiers for responding teams during a significant incident and/or MCI. (page 40) | Southern Nevada Counter-Terrorism Center, Emergency Management, and Business and Technology Division |
| 17. | The incident commander should assign an assistant to the staging manager during a significant incident and/or MCI. (page 41) | Southern Nevada Counter-Terrorism Center, Emergency Management |
| 18. | Utilize Detention Services Division personnel as resources to be deployed during significant incidents and/or MCI. Include DSD in all training related to these types of incidents. (page 44) | Organizational Development Bureau and Detention Services Division |
| 19. | Provide additional training, including live exercises on MCI, for leadership at the rank of lieutenant and above, regardless of assignment. (page 46) | Organizational Development Bureau and Southern Nevada Counter-Terrorism Center, Emergency Management |

**Department Operations Center**

<p>| 20. | Create a Department Operations Center quick reference guide for area commanders to be utilized for all levels of crisis including MCI. (page 49) | Southern Nevada Counter-Terrorism Center, Emergency Management |
| 21. | Ensure LVMPD captains are trained on DOC activation. Conduct live training exercises with all captains. (page 50) | Southern Nevada Counter-Terrorism Center, Emergency Management |
| 22. | Create policy, procedures, and protocols for securing the DOC and IC during a significant incident and/or MCI. As part of this process, ensure there is an established entry access list of authorized personnel. (page 50) | Southern Nevada Counter-Terrorism Center, Emergency Management |
| 23. | Assign Information Technology and Fusion Watch personnel to the DOC with knowledge in programs, infrastructure, cameras, and audio/visual to assist in the DOC set up during full activations. (page 51) | Southern Nevada Counter-Terrorism Center, Emergency Management |
| 24. | Establish the JIC at LVMPD Headquarters in a physically separate location from LVMPD’s DOC during significant incidents where LVMPD is the lead police agency. (page 52) | Southern Nevada Counter-Terrorism Center, Emergency Management |
| 25. | Evaluate the need for a staffing study to potentially increase the Emergency Management Section. (page 53) | Southern Nevada Counter-Terrorism Center, Emergency Management |</p>
<table>
<thead>
<tr>
<th></th>
<th>Establish annual or semi-annual reviews of all Emergency Management and DOC documents including section manuals. Ensure they are available in the DOC. (page 53)</th>
<th>Southern Nevada Counter-Terrorism Center, Emergency Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>27.</td>
<td>LVMPD, in conjunction with the Clark County Coroner’s Office, Clark County Fire Department and hospital administrators, should develop a plan regarding victim identification and tracking during significant incidents and/or MCI. Establish protocol regarding who will respond to the DOC and facilitate the sharing of this information. (page 54)</td>
<td>Southern Nevada Counter-Terrorism Center, Emergency Management</td>
</tr>
<tr>
<td>28.</td>
<td>Re-evaluate the Emergency Mobilization Plan to include who specifically is responsible for implementing and documenting the ABX roster during significant incidents and/or MCI. (page 55)</td>
<td>Southern Nevada Counter-Terrorism Center, Emergency Management and Support Operations Bureau, Events Planning</td>
</tr>
<tr>
<td>29.</td>
<td>Expand the Emergency Mobilization Plan to include critical civilian positions during significant incidents and/or MCI. (page 55)</td>
<td>Southern Nevada Counter-Terrorism Center, Emergency Management and Support Operations Bureau, Events Planning</td>
</tr>
</tbody>
</table>

**Communications Bureau**

<p>|   | Purchase a notification concept and/or program that allows employees to log in remotely with call signs, assignments, and locations. Create policy, procedures, and protocols regarding the use of this technology. (page 58) | Communications Bureau |
| 30. | Establish a mechanism to restrict or limit CAD queries during significant incidents and/or MCI. (page 59) | Communications Bureau |
| 31. | Require Communications Bureau personnel to participate in MACTAC training from their respective role and responsibility. (page 59) | Communications Bureau |
| 32. | Enhance training (tabletops and large-scale exercises) for NCORE users on MACTAC and Rescue Task Force concepts. Reinforce plain language, not police/fire codes, as a form of communication during these training opportunities. (page 60) | Southern Nevada Counter-Terrorism Center, Emergency Management |
| 33. | Create policy, procedures, and protocols for immediate internal review and cross-referencing of all data coming into or created by the Communications Bureau related to a significant incident and/or MCI to capture lessons learned for use in after-action review processes. (page 60) | Communications Bureau |</p>
<table>
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<tr>
<td><strong>35.</strong></td>
<td>Reinforce radio discipline in the use of the red emergency button through training and practical live exercises such as reality-based training, advanced-officer skills training, and biweekly area command training. (page 61)</td>
<td>Law Enforcement Operations Group and Organizational Development Bureau</td>
</tr>
<tr>
<td><strong>External Communication</strong></td>
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<tr>
<td><strong>36.</strong></td>
<td>Assign the PIO director an assistant to document information collected during intelligence and Executive Staff briefings. (page 63)</td>
<td>Public Information Office</td>
</tr>
<tr>
<td><strong>37.</strong></td>
<td>Create policy, procedures, and protocols specifically outlining how information will be released internally and to the public via social media during significant incidents and/or MCI. (page 63)</td>
<td>Public Information Office</td>
</tr>
<tr>
<td><strong>38.</strong></td>
<td>Establish an automatic email response during significant events when resources are overwhelmed that replies immediately to the public and/or requests from the media. A telephone message reflecting the same message should also be created and activated during significant incidents and/or MCI. (page 64)</td>
<td>Public Information Office and Business and Technology Division</td>
</tr>
<tr>
<td><strong>39.</strong></td>
<td>Develop a cadre of internal personnel (prior public information officers) who can assist the PIO with administrative functions during significant incidents including documenting requests for information. Activate the cadre when needed during significant incidents and/or MCI. (page 64)</td>
<td>Public Information Office</td>
</tr>
<tr>
<td><strong>40.</strong></td>
<td>Include local law enforcement partners such as North Las Vegas and Henderson Police Departments and City of Las Vegas and Clark County PIOs in tabletop exercises related to significant events and/or MCI. (page 65)</td>
<td>Southern Nevada Counter-Terrorism Center, Emergency Management</td>
</tr>
<tr>
<td><strong>41.</strong></td>
<td>Create a designated workstation in the DOC for Public Information Office personnel to promote efficient and timely updates, release information, and monitor online media. (page 65)</td>
<td>Southern Nevada Counter-Terrorism Center, Emergency Management</td>
</tr>
<tr>
<td><strong>42.</strong></td>
<td>Research the costs and benefits of purchasing a media monitoring service to assist the PIOs in determining the needs of the community during and after significant events and/or MCI. (page 65)</td>
<td>Public Information Office</td>
</tr>
<tr>
<td><strong>43.</strong></td>
<td>Compile and release accurate, timely facts and maintain a running chronology of information released (e.g., a fact sheet) with the newest information at the beginning. LVMPD’s PIOs should only rely on vetted and confirmed information. (page 65)</td>
<td>Public Information Office</td>
</tr>
<tr>
<td><strong>44.</strong></td>
<td>Assign a PIO to monitor and collate information of concern that various news outlets and social media platforms report on a significant incident and/or MCI. (page 65)</td>
<td>Public Information Office</td>
</tr>
<tr>
<td>45.</td>
<td>Create policy, procedures and protocols that mandate information briefed to the public is well vetted and speaking points include specific verbiage such as “sequence of events” and “preliminary details” to ensure accuracy while maintaining a commitment to transparency. (page 67)</td>
<td>Public Information Office</td>
</tr>
<tr>
<td>46.</td>
<td>Ensure that all heads of partnering agencies are available and visible at press conferences and other press engagements. (page 67)</td>
<td>Public Information Office</td>
</tr>
<tr>
<td>47.</td>
<td>Evaluate the need for a staffing study to potentially increase staffing within the Public Information Office, specifically civilian personnel assigned to manage LVMPD’s website and social media platforms. (page 68)</td>
<td>Public Information Office</td>
</tr>
<tr>
<td>48.</td>
<td>Designate an alternate media staging area that is large enough and equipped to accommodate media press conferences and media personnel during large events. (page 69)</td>
<td>Public Information Office</td>
</tr>
</tbody>
</table>

**Investigation**

| 49. | Research and identify a critical incident management software program with sufficient capacity to accommodate an investigation the size of 1 October. The system must easily enable access for all investigative personnel involved (internal and external to LVMPD) and permit extensive data entry, record the assignment of investigative tasks, and track leads and follow up steps. (page 74) | Southern Nevada Counter-Terrorism Center, Business and Technology Division and Investigative Services Division |
| 50. | Develop and train investigative crime scene protocols with federal partners for significant incidents and/or MCI. (page 77) | Criminalists Bureau, Crime Scene Investigations |
| 51. | Ensure the investigative team is established and gathered before conducting an initial intelligence briefing following a significant incident and/or MCI. Investigative team briefings should be directed by the lead investigator(s) and leadership. (page 78) | Southern Nevada Counter-Terrorism Center |
| 52. | Reinforce training and curriculum related to documentation (i.e., major incident log) on major incident crime scenes at each crime scene location. (page 79) | Investigative Services Division |
| 53. | Develop policy, procedures, and protocols for a major case squad to be activated at the discretion of the head of the Agency. This policy should be specific in detailing all components necessary including specific roles and responsibilities required to conduct large-scale, in-depth, lengthy investigations. (page 80) | Investigative Services Division |
| 54. | The Coroner’s Office should develop MCI protocols that include the coordination of next-of-kin death notifications with area hospitals. (page 83) | Southern Nevada Counter-Terrorism Center, Emergency Management |

**Leadership**

| 133 | | |
| 55. | Conduct regular tabletop and full-scale exercises with top agency leaders of nearby and partner jurisdictions in Incident Command System and joint command of significant incidents and/or mass-casualty incidents. (page 85) | Southern Nevada Counter-Terrorism Center, Emergency Management |
| 56. | Create policy, procedures, and protocols that describe the roles, responsibilities, and expectations of the sheriff and the Executive Staff during a significant incident and/or MCI and incorporate training as needed. (page 86) | Office of the Sheriff |
| 57. | All heads of law enforcement agencies within Clark County should create policy, procedures, and protocols for a comprehensive mass-casualty incident plan. (page 86) | Office of the Sheriff and Southern Nevada Counter-Terrorism Center, Emergency Management |

**Partnering Agencies**

| 58. | Establish policy that requires Agency leaders to debrief operations, response, resources, and communications following a significant incident. (page 89) | Southern Nevada Counter-Terrorism Center, Emergency Management and Office of the Sheriff |
| 59. | Strengthen working relationships with partnering agencies through regular communication and frequent joint training across ranks of personnel. Federal agencies should be included in tabletop and full-scale exercises practicing ICS. (page 94) | Southern Nevada Counter-Terrorism Center, Emergency Management and Office of the Sheriff |

**Equipment and Technology**

| 60. | Create policy, procedures, and protocols for the tracking and disbursement of internal donations following a significant incident and/or MCI. Responsibility for such tracking should fall within the Logistics Bureau. (page 95) | Office of Finance, Office of General Counsel and Logistics Bureau |
| 61. | Establish response protocols to the DOC for the Logistics Bureau during a significant incident and/or MCI. (page 95) | Logistics Bureau and Southern Nevada Counter-Terrorism Center, Emergency Management |
| 62. | Develop protocol and training that allows officers to use discretion during critical incidents to remove reflective vests based on the circumstances of the incident. (page 96) | Support Operations, Events Planning |
| 63. | Update LVMPD’s uniform policy establishing criteria for lettering, sizing, coloring, and placement of law enforcement identification on department-issued equipment. This update should include the labeling of personal protective equipment and department-issued property with last name and personnel number. (page 97) | Logistics Bureau |
| 64. | Explore the feasibility of establishing pre-identified locations, in proximity to officers working special events overtime, to store weapons and personal protective equipment for a quicker response in the event of an emergency. (page 97) | Support Operations Bureau, Events Planning |
| 65. | Provide a surge supply of trauma kits within proximity to major events. (page 98) | Support Operations Bureau, Events Planning |
| 66. | Purchase a mobile and/or stand-alone radio repeater to augment existing radio coverage in remote sites or during large-scale, planned, or unplanned incidents. (page 100) | Radio Systems Bureau |
| 67. | Continue existing efforts to assess the quality of first-responder communication capacity inside Las Vegas buildings. Ensure full communications capacity by end of 2020. (page 100) | Radio Systems Bureau |
| 68. | Evaluate associated costs for IT hardware, software, cloud, file, and drive storage as well as expanded Wi-Fi access needed during significant incidents and/or MCI. Create a plan for procurement in emergencies. (page 101) | Business and Technology Division |
| 69. | Establish the quantity of laptops/computers necessary in key locations (DOC, area commands) for external users to access reliable Wi-Fi and network access. Purchase, stage, and have ready dedicated equipment (pre-determined number of devices) for utilization during significant incidents and/or MCI. These devices should have network access and supporting programs for investigative units. (page 101) | Business and Technology Division |
| 70. | Establish an information technologies team that can respond and provide IT support during significant incidents and/or MCI. (page 101) | Business and Technology Division and Southern Nevada Counter-Terrorism Center, Emergency Management |
| 71. | Identify classification and appropriate handling of electronic evidence. Consider how the management of such evidence will interoperate with investigative case management and sharing contingencies. (page 102) | Business and Technology Division, Southern Nevada Counter-Terrorism Center and Investigative Services Division |

*Policy and Training*
<p>| 72.  | Create policy, procedures and protocols for a comprehensive mass-casualty incident plan, including the identification of likely partnering agencies and their anticipated roles and responsibilities during MCIs. (page 104) | Southern Nevada Counter-Terrorism Center, Emergency Management. |
| 73.  | Further develop the current after-action review process to reference significant incidents and/or MCI. This process should also include all the necessary staffing and logistical needs based on the size and scope of the review. (page 104) | Southern Nevada Counter-Terrorism Center, Emergency Management |
| 74.  | Develop a plan for annual review (audit) of all policies and procedures related to full-scale exercises requiring multi-agency response and Unified Command. Ensure policies have clear and concise definitions, assignments, and role descriptions for responding personnel. (page 106) | Project Management Bureau |
| 75.  | Routinely establish the DOC for pre-planned events with large numbers of attendees. (page 106) | Southern Nevada Counter-Terrorism Center, Emergency Management and Support Operations Bureau, Events Planning |
| 76.  | Create policy, procedures, and protocols that establish Incident Command System training requirements for all LVMPD sergeants and above. (page 106) | Organizational Development Bureau |
| 77.  | Develop ICS policies with procedures and protocols specifically for LVMPD Communications Bureau and leadership. Include Communications Bureau personnel in ICS training, tabletop, and large-scale exercises to familiarize them with key concepts and common language used during significant incidents and/or MCI. (page 107) | Southern Nevada Counter-Terrorism Center, Emergency Management |
| 78.  | Incorporate additional active-shooter/MACTAC training between SWAT and patrol officers for a more coordinated response during significant incidents and/or MCI. (page 107) | Organizational Development Bureau |
|      | <strong>Victims, Survivors, and Family Response</strong> | |
| 79.  | Update policy, procedures, and protocols that include LVMPD victim advocates in significant incidents and/or MCI response. Incorporate victim advocates in all significant incident and/or MCI training. (page 111) | Southern Nevada Counter-Terrorism Center, Emergency Management and Organizational Development Bureau |
| 80.  | Continue to include administrators of private-sector partners, such as public transportation and ride-share companies, in tabletop exercises related to significant incidents and/or MCI. (page 111) | Southern Nevada Counter-Terrorism Center, Emergency Management |</p>
<table>
<thead>
<tr>
<th>81.</th>
<th>Increase the Agency’s knowledge and expertise in establishing a Family Assistance Center. (page 112)</th>
<th>Southern Nevada Counter-Terrorism Center, Emergency Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>82.</td>
<td>Expand MCI tabletop exercises and training beyond initial response to include post-incident needs such as establishing a Family Assistance Center and employee wellness and healing. Relevant partnering agencies should be included in this training. (page 112)</td>
<td>Southern Nevada Counter-Terrorism Center, Emergency Management</td>
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</tbody>
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**Employee Wellness and Healing**

<table>
<thead>
<tr>
<th>83.</th>
<th>Develop a cadre of individuals and agencies from the region who are trained and willing to serve as force multipliers when additional peer support to LVMPD employees is necessary. (page 117)</th>
<th>Police Employee Assistance Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>84.</td>
<td>Provide crisis and trauma training to collective bargaining associations to assist membership in the aftermath of a critical incident. (page 118)</td>
<td>Police Employee Assistance Program</td>
</tr>
<tr>
<td>85.</td>
<td>Expand the Significant Event Reporting (SER) program to all Agency employees following a significant incident and/or MCI. (page 119)</td>
<td>Internal Affairs Bureau, Employee Identification and Intervention Program</td>
</tr>
<tr>
<td>86.</td>
<td>Re-evaluate EAP benefits to ensure all LVMPD employees and their family members have similar access to the same programs and providers. (page 120)</td>
<td>Office of the Sheriff</td>
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**The Months after 1 October**

<table>
<thead>
<tr>
<th>87.</th>
<th>Create and implement policy, procedures, and protocols for an agency-wide, critical-incident, stress-management debriefing process. (page 123)</th>
<th>Police Employee Assistance Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.</td>
<td>Create policy, procedures, and protocols outlining authorization for speaking and training engagements pertaining to lessons learned following significant incidents and/or MCI. (page 123)</td>
<td>Office of the Sheriff</td>
</tr>
<tr>
<td>89.</td>
<td>Establish and reinforce policy, procedures, and protocols for LVMPD employees who are asked to attend community events, speaking engagements and interviews related to significant incidents and/or MCI. (page 124)</td>
<td>Office of the Sheriff</td>
</tr>
<tr>
<td>90.</td>
<td>Review and update policy for commendations to include honorary ceremonies and community events resulting from significant events and/or MCI, in which large numbers of employees are involved. (page 125)</td>
<td>Office of the Sheriff</td>
</tr>
<tr>
<td>91.</td>
<td>Create policy, procedures, and protocols to meet the mandates for releasing public records in large-scale incidents and/or MCI. (page 126)</td>
<td>Office of General Counsel</td>
</tr>
<tr>
<td>92.</td>
<td>Establish a cadre system under the current Digital Investigations Bureau to meet the mandates of releasing public records. (page 126)</td>
<td>Office of General Counsel</td>
</tr>
<tr>
<td>93.</td>
<td>Enhance the current digital forensic examination platform for maintaining digital records. (page 126)</td>
<td>Business and Technology Division</td>
</tr>
<tr>
<td>Name</td>
<td>Age</td>
<td>City, State</td>
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</tr>
<tr>
<td>Hannah Ahlers</td>
<td>34</td>
<td>Beaumont, CA</td>
</tr>
<tr>
<td>Heather Alvarado</td>
<td>35</td>
<td>Cedar City, UT</td>
</tr>
<tr>
<td>Dorene Anderson</td>
<td>49</td>
<td>Anchorage, AK</td>
</tr>
<tr>
<td>Carrie Barnette</td>
<td>34</td>
<td>Riverside, CA</td>
</tr>
<tr>
<td>Jack Beaton</td>
<td>54</td>
<td>Bakersfield, CA</td>
</tr>
<tr>
<td>Stephen Berger</td>
<td>44</td>
<td>Shorewood, MN</td>
</tr>
<tr>
<td>Candice Bowers</td>
<td>40</td>
<td>Garden Grove, CA</td>
</tr>
<tr>
<td>Denise Burditus</td>
<td>50</td>
<td>Martinsburg, WV</td>
</tr>
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The Memorial西藏
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<thead>
<tr>
<th>Name</th>
<th>City, State</th>
<th>Age</th>
<th>Occupation/Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sandra Casey</td>
<td>Redondo Beach, CA</td>
<td>34</td>
<td>Worked as a special education teacher at the Manhattan Unified School District and was engaged to be married. She attended the music festival with her fiancé and friends.</td>
</tr>
<tr>
<td>Andrea Castilla</td>
<td>Huntington Beach, CA</td>
<td>28</td>
<td>Worked as a makeup artist, inspired by her mother’s cancer to help cancer patients’ look and feel beautiful. She attended the music festival to celebrate her 28th birthday with her boyfriend, sister, and sister’s fiancé.</td>
</tr>
<tr>
<td>Denise Cohen</td>
<td>Caprinteria, CA</td>
<td>58</td>
<td>Was a mother of two children and an active member in her church. She worked as a property manager in Santa Barbara, CA. She attended the music festival with her boyfriend, Derrick “Bo” Taylor, who also died.</td>
</tr>
<tr>
<td>Austin Davis</td>
<td>Riverside, CA</td>
<td>29</td>
<td>Was an only child who dated his high school sweetheart. He worked as a pipefitter with UA Local 364. Austin attended the music festival with his friend, Thomas Day Jr., who also died.</td>
</tr>
<tr>
<td>Thomas Day Jr.</td>
<td>Corona, CA</td>
<td>54</td>
<td>Was a father of four children and a grandfather of two. He worked as an estimator for a family business. Thomas attended the music festival with his children and a friend, Austin Davis, who also died.</td>
</tr>
<tr>
<td>Christiana Duarte</td>
<td>Torrance, CA</td>
<td>22</td>
<td>Was a recent University of Arizona graduate who worked for the Los Angeles Kings and Rams as a fan-services associate. She was in Las Vegas with family and attended the music festival with her brother’s girlfriend.</td>
</tr>
<tr>
<td>Stacee Etcheber</td>
<td>Novato, CA</td>
<td>50</td>
<td>Was a mother of two children and a wife of 13 years. She worked as a hair stylist and had a love for horses. She attended the music festival with her husband, a San Francisco Police Department officer.</td>
</tr>
<tr>
<td>Brian Fraser</td>
<td>La Palma, CA</td>
<td>39</td>
<td>Was a father of four children and a husband who worked as a vice president of sales at a mortgage company in Southern California. He attended the music festival with a large group of family members and friends.</td>
</tr>
<tr>
<td>Name</td>
<td>Age</td>
<td>Description</td>
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<tr>
<td>Keri Galvan</td>
<td>31 years</td>
<td>was a mother of three young children and the wife of a former Marine. She worked as a server in the restaurant industry. Keri attended the music festival with her husband and friends and died in her husband’s arms.</td>
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</tr>
<tr>
<td>Dana Gardner</td>
<td>52 years</td>
<td>was a mother of three children and a grandmother of two. She worked for San Bernardino County for 26 years. Dana attended the music festival with her daughter.</td>
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<tr>
<td>Angela Gomez</td>
<td>20 years</td>
<td>was a nursing student at Riverside City College. She was involved with the Riverside Children’s Theater and Poly Cheer and Song. Angela attended the concert with her boyfriend.</td>
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<tr>
<td>Rocio Guillen</td>
<td>40 years</td>
<td>was a mother of four children, having recently given birth to her fourth child. She worked as a manager in the restaurant industry. Rocio was engaged to be married and attended the music festival with her fiancé.</td>
<td></td>
</tr>
<tr>
<td>Charleston Hartfield</td>
<td>34 years</td>
<td>was a married father of two children. He worked as a police officer for LVMPD and was a military veteran and member of the Nevada National Guard. Charleston attended the music festival with his wife.</td>
<td></td>
</tr>
<tr>
<td>Christopher Hazencomb</td>
<td>44 years</td>
<td>was an avid sports fan, worked at a Walmart Neighborhood Market and had just recently celebrated his birthday. He attended the music festival with a long-time friend, who he shielded from the gunfire.</td>
<td></td>
</tr>
<tr>
<td>Jennifer Irvine</td>
<td>42 years</td>
<td>worked as a family law and criminal defense attorney and ran her own small firm in downtown San Diego. She also worked as a television commentator on criminal trials. She attended the music festival with friends.</td>
<td></td>
</tr>
<tr>
<td>Teresa Kimura</td>
<td>38 years</td>
<td>worked for the California Franchise Tax Board and attended CSU Fullerton. She enjoyed baking, going to concerts, horseback riding, traveling and hiking. Teresa attended the music festival with friends.</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Age</td>
<td>Location</td>
<td>Occupation and Background</td>
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</tr>
<tr>
<td>Jessica Klymchuk</td>
<td>34 years old</td>
<td>Valleyview, Alberta, Canada</td>
<td>Engaged mother of four children. Worked as a librarian, bus driver, and educational assistant for St. Stephen’s School in Alberta, Canada. Visited Las Vegas with fiancé.</td>
</tr>
<tr>
<td>Carly Kreibaum</td>
<td>33 years old</td>
<td>Sutherland, IA</td>
<td>Married mother of two children. Worked as a manager for Walmart and helped with the family farm. Attended the music festival with friends.</td>
</tr>
<tr>
<td>Rhonda LeRocque</td>
<td>42 years old</td>
<td>Tewksbury, MA</td>
<td>Married mother of one child. Served in disaster relief efforts in numerous locations. Vacationed in Las Vegas with family and attended the music festival with husband.</td>
</tr>
<tr>
<td>Victor Link</td>
<td>55 years old</td>
<td>Aliso Viejo, CA</td>
<td>Engaged father of one child and soon-to-be grandfather. Worked as a mortgage broker. Attended the music festival with fiancée and friends.</td>
</tr>
<tr>
<td>Jordan McIlloid</td>
<td>23 years old</td>
<td>Maple Ridge, British Columbia, Canada</td>
<td>Worked in construction and was one month shy of completing a heavy-duty mechanic apprenticeship. Celebrated his girlfriend’s birthdays while shielding her from gunfire.</td>
</tr>
<tr>
<td>Kelsey Meadows</td>
<td>28 years old</td>
<td>Taft, CA</td>
<td>Substituted teacher. Returned to hometown to teach at her alma mater, Taft Union High School.</td>
</tr>
<tr>
<td>Calla-Marie Medig</td>
<td>28 years old</td>
<td>Edmonton, Alberta, Canada</td>
<td>Worked in the restaurant industry and promoted to manager. Attended the music festival with her best friend. Third year attending.</td>
</tr>
<tr>
<td>James “Sonny” Melton</td>
<td>29 years old</td>
<td>Big Sandy, TN</td>
<td>Married father of three step-children. Worked as a registered nurse. Attended the music festival with wife to celebrate one-year anniversary. Shielded his wife from gunfire.</td>
</tr>
<tr>
<td>Name</td>
<td>Age</td>
<td>Details</td>
<td></td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>Patricia Mestas</td>
<td>67 years</td>
<td>Patricia was a mother of three children, grandmother of eight, and great-grandmother of one. She was retired and previously worked as a deli manager in Corona, CA. Patricia attended the concert with friends.</td>
<td></td>
</tr>
<tr>
<td>Austin Meyer</td>
<td>24 years</td>
<td>Austin, born and raised in Monterey County, CA, was attending Truckee Meadows Community College in Reno, NV. He was in Las Vegas celebrating his birthday and attended the music festival with his fiancée.</td>
<td></td>
</tr>
<tr>
<td>Adrian Murfitt</td>
<td>35 years</td>
<td>Adrian worked as a commercial fisherman and was in Las Vegas celebrating a successful fishing season. Adrian also worked as a car mechanic as well as on refrigeration units. He attended the music festival with friends.</td>
<td></td>
</tr>
<tr>
<td>Rachael Parker</td>
<td>33 years</td>
<td>Rachael worked as a records technician and front desk clerk for the Manhattan Beach Police Department. She was in Las Vegas to celebrate a friend’s birthday and attended the music festival with coworkers.</td>
<td></td>
</tr>
<tr>
<td>Jennifer Parks</td>
<td>36 years</td>
<td>Jennifer was a married mother of two children who worked as a kindergarten teacher. She attended the music festival with her husband of 17 years who was also injured during the shooting.</td>
<td></td>
</tr>
<tr>
<td>Carolyn Parsons</td>
<td>31 years</td>
<td>Carolyn, recently engaged, worked as a recruiter at a staffing firm. She was a graduate from Arizona State University. Carolyn attended the music festival with friends.</td>
<td></td>
</tr>
<tr>
<td>Lisa Patterson</td>
<td>46 years</td>
<td>Lisa was a married mother of three children who worked as a bookkeeper for the family’s hardwood flooring business. Lisa attended the music festival with her best friends.</td>
<td></td>
</tr>
<tr>
<td>John Phippen</td>
<td>56 years</td>
<td>John was a father of six children and grandfather of one. He owned a home remodeling company. John attended the music festival with his son, who was injured. John died while shielding a young woman from gunfire.</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Age</td>
<td>Location</td>
<td>Details</td>
</tr>
<tr>
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<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Melissa Ramirez</td>
<td>26</td>
<td>Los Angeles, CA</td>
<td>Recent graduate from California State University, Bakersfield. Worked as member specialist for Southern California auto insurance company. Attended music festival with friends.</td>
</tr>
<tr>
<td>Jordyn Rivera</td>
<td>21</td>
<td>La Verne, CA</td>
<td>Fourth-year student at California State University-San Bernardino in Health Care Management program. Attended music festival with her mother.</td>
</tr>
<tr>
<td>Quinton Robbins</td>
<td>20</td>
<td>Henderson, NV</td>
<td>Student at University of Nevada-Las Vegas, worked in recreation for City of Henderson, coached flag football team. Attended music festival with girlfriend.</td>
</tr>
<tr>
<td>Cameron Robinson</td>
<td>28</td>
<td>St. George, UT</td>
<td>Student at University of Nevada-Las Vegas and worked in recreation for City of Henderson. Attended music festival with his girlfriend.</td>
</tr>
<tr>
<td>Tara Ann Roe</td>
<td>34</td>
<td>Okotoks, Alberta, Canada</td>
<td>Married mother of two children. Worked as education assistant at local school district and as model. Attended music festival with husband and another couple.</td>
</tr>
<tr>
<td>Lisa Romero-Muniz</td>
<td>48</td>
<td>Gallup, NM</td>
<td>Married mother of three children and grandmother of four. Worked as high school counselor and attended music festival with her husband.</td>
</tr>
<tr>
<td>Christopher Roybal</td>
<td>28</td>
<td>Colorado Springs, CO</td>
<td>U.S. Navy veteran who served as dog handler. Did four tours in Kandahar, Afghanistan. Attended music festival with his mother and friends and sacrificed his life to save others.</td>
</tr>
<tr>
<td>Brett Schwanbeck</td>
<td>61</td>
<td>Bullhead City, AZ</td>
<td>Engaged father of three children and grandfather of five who loved the great outdoors. Retired over-the-road truck driver. Attended music festival with his fiancée.</td>
</tr>
<tr>
<td>Name</td>
<td>Location</td>
<td>Age</td>
<td>Occupation</td>
</tr>
<tr>
<td>---------------------</td>
<td>---------------</td>
<td>-----</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Bailey Schweitzer</td>
<td>Bakersfield, CA</td>
<td>20</td>
<td>Receptionist for a communications consulting company</td>
</tr>
<tr>
<td>Laura Shipp</td>
<td>Las Vegas, NV</td>
<td>50</td>
<td>Dispatcher</td>
</tr>
<tr>
<td>Erick Silva</td>
<td>Las Vegas, NV</td>
<td>21</td>
<td>Security guard</td>
</tr>
<tr>
<td>Susan Smith</td>
<td>Simi Valley, CA</td>
<td>53</td>
<td>Office manager</td>
</tr>
<tr>
<td>Brennan Stewart</td>
<td>Las Vegas, NV</td>
<td>30</td>
<td>Amateur country music songwriter</td>
</tr>
<tr>
<td>Derrick “Bo” Taylor</td>
<td>Oxnard, CA</td>
<td>56</td>
<td>Father</td>
</tr>
<tr>
<td>Neysa Tonks</td>
<td>Las Vegas, NV</td>
<td>46</td>
<td>Technology sales</td>
</tr>
<tr>
<td>Michelle Vo</td>
<td>Eagle Rock, CA</td>
<td>32</td>
<td>Life insurance agent</td>
</tr>
<tr>
<td>Name</td>
<td>Age</td>
<td>Location</td>
<td>Details</td>
</tr>
<tr>
<td>----------------------</td>
<td>-----------</td>
<td>---------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Kurt Von Tillow</td>
<td>55 years</td>
<td>Cameron Park, CA</td>
<td>Kurt was a husband, father, and grandfather. He owned a trucking company and was in Las Vegas for a family reunion. Kurt attended the music festival with his wife, daughter, son-in-law, sister, and niece.</td>
</tr>
<tr>
<td>William Wolfe Jr.</td>
<td>42 years</td>
<td>Shippensburg, PA</td>
<td>William was a married father of two children. He worked as an engineer and as a youth sports coach. He attended the music festival with his wife, celebrating their 20th wedding anniversary.</td>
</tr>
</tbody>
</table>

*All of the information and photographs contained herein were obtained from the victims’ online obituaries or via open-source reporting.73

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73 Information and photographs from the following news organizations, funeral homes, and websites comprised the biographies: ABC News and affiliates; Associated Press; Boston Herald; Bustle; CBS News and affiliates; CNN; Community Broadcasters; Edmonton Journal; Dignity Memorial; EFS Advisors; Everipedia; Gallup Sun; Global News (California); Go Fund Me; Google; Hearst Communications; Heavy; Holy Family Catholic Regional Division; Huffington Post; Las Vegas Metropolitan Police Department; Las Vegas Review-Journal; Los Angeles Times; Legacy; Memories Chapel in Brandon, Manitoba, Canada; Miami Herald; MTL Blog; National Herald (Greece); National Post (Toronto); NBC News and affiliates; Nevada State College; New York Daily News; News-Press Gazette Company of California; Orange County Register; People; Press-Enterprise; Rafu Shimpo; Redland Daily Facts; Refinery 29; Reuters; Ridgeway Funeral Home in Paris, Tennessee; Romper; The Runner (California State University); Sinclair Broadcast Group; The Sun (San Bernadino); University of California, Davis; USA Today and affiliates; Verizon Media; Warner Funeral Home in Spencer, Iowa; Washington Post; Wide Open Country; and YouTube.
APPENDIX A: LIST OF ABBREVIATIONS

Abbreviations of Partnering Organizations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACC</td>
<td>Airport Control Center</td>
</tr>
<tr>
<td>AMR</td>
<td>American Medical Response</td>
</tr>
<tr>
<td>ASAC</td>
<td>Assistant Special Agent in Charge (FBI)</td>
</tr>
<tr>
<td>ATF</td>
<td>Bureau of Alcohol, Tobacco, Firearms, and Explosives</td>
</tr>
<tr>
<td>BCPD</td>
<td>Boulder City Police Department</td>
</tr>
<tr>
<td>CBRNE</td>
<td>Chemical Biological Radiological-Nuclear Explosives (Nevada Task Force)</td>
</tr>
<tr>
<td>CCDC</td>
<td>Clark County Detention Center</td>
</tr>
<tr>
<td>CCEM</td>
<td>Clark County Emergency Manager</td>
</tr>
<tr>
<td>CCFD</td>
<td>Clark County Fire Department</td>
</tr>
<tr>
<td>CC MACC</td>
<td>Clark County Multi-Agency Coordination Center</td>
</tr>
<tr>
<td>CCOCME</td>
<td>Clark County Office of the Coroner/Medical Examiner</td>
</tr>
<tr>
<td>CCSDPD</td>
<td>Clark County School District Police Department</td>
</tr>
<tr>
<td>CLV EOC</td>
<td>City of Las Vegas Emergency Operations Center</td>
</tr>
<tr>
<td>CJI</td>
<td>Crime and Justice Institute</td>
</tr>
<tr>
<td>CSC</td>
<td>Contemporary Services Company</td>
</tr>
<tr>
<td>DOA</td>
<td>Department of Aviation</td>
</tr>
<tr>
<td>DOJ</td>
<td>Department of Justice</td>
</tr>
<tr>
<td>ERTOS</td>
<td>Emergency Response Team Officer</td>
</tr>
<tr>
<td>ERT</td>
<td>Evidence Recovery Team (FBI) or Emergency Response Team</td>
</tr>
<tr>
<td>FAC</td>
<td>Family Assistance Center</td>
</tr>
<tr>
<td>FEMA</td>
<td>Federal Emergency Management Agency</td>
</tr>
<tr>
<td>FBI</td>
<td>Federal Bureau of Investigation</td>
</tr>
<tr>
<td>HFD</td>
<td>Henderson Fire Department</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Full Name</td>
</tr>
<tr>
<td>--------------</td>
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</tr>
<tr>
<td>HPD</td>
<td>Henderson Police Department</td>
</tr>
<tr>
<td>LVCVA</td>
<td>Las Vegas Convention and Visitors Authority</td>
</tr>
<tr>
<td>LVFR</td>
<td>Las Vegas Fire and Rescue</td>
</tr>
<tr>
<td>LVMPD</td>
<td>Las Vegas Metropolitan Police Department</td>
</tr>
<tr>
<td>LVPMSA</td>
<td>Las Vegas Police Managers &amp; Supervisors Association</td>
</tr>
<tr>
<td>LVPPA</td>
<td>Las Vegas Police Protective Association</td>
</tr>
<tr>
<td>LVPPACE</td>
<td>Las Vegas Police Protective Association, Civilian Employees</td>
</tr>
<tr>
<td>LVSCA</td>
<td>Las Vegas Security Chiefs Association</td>
</tr>
<tr>
<td>NHP</td>
<td>Nevada Highway Patrol</td>
</tr>
<tr>
<td>NIJ</td>
<td>National Institute of Justice</td>
</tr>
<tr>
<td>NLVFD</td>
<td>North Las Vegas Fire Department</td>
</tr>
<tr>
<td>NLVPD</td>
<td>North Las Vegas Police Department</td>
</tr>
<tr>
<td>ORION</td>
<td>Operational Response and Investigative Online Network</td>
</tr>
<tr>
<td>SABT</td>
<td>Special Agent Bomb Technicians (FBI)</td>
</tr>
<tr>
<td>SAC</td>
<td>Special Agent in Charge (FBI)</td>
</tr>
<tr>
<td>SNCTC</td>
<td>Southern Nevada Counter-Terrorism Center</td>
</tr>
<tr>
<td>SSA</td>
<td>Supervisor Special Agent (FBI)</td>
</tr>
<tr>
<td>TIP</td>
<td>Trauma Intervention Program</td>
</tr>
<tr>
<td>TSA</td>
<td>Transportation Security Administration</td>
</tr>
<tr>
<td>UMC</td>
<td>University Medical Center</td>
</tr>
<tr>
<td>UNLV</td>
<td>University of Nevada, Las Vegas</td>
</tr>
<tr>
<td>UNLVPS</td>
<td>University of Nevada, Las Vegas Police Services</td>
</tr>
<tr>
<td>VOCP</td>
<td>Victims of Crime Program</td>
</tr>
<tr>
<td>WCSO</td>
<td>Washoe County Sheriff’s Office</td>
</tr>
</tbody>
</table>
# LVMPD Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAR</td>
<td>After-Action Report or After-Action Review</td>
</tr>
<tr>
<td>ACC</td>
<td>Airport Control Center</td>
</tr>
<tr>
<td>ACTION</td>
<td>All Crimes that Impact our Neighborhood Process</td>
</tr>
<tr>
<td>ARMOR</td>
<td>All Hazard Regional Multi-Agency Operations and Response</td>
</tr>
<tr>
<td>AM</td>
<td>Administrative Messages</td>
</tr>
<tr>
<td>ANSEC</td>
<td>Analytical Group and/or the Analytical Section</td>
</tr>
<tr>
<td>AOST</td>
<td>Advanced Officer Skills Training</td>
</tr>
<tr>
<td>BAC</td>
<td>Bolden Area Command</td>
</tr>
<tr>
<td>BHO</td>
<td>Behavioral Health Option</td>
</tr>
<tr>
<td>BWC</td>
<td>Body-Worn Camera</td>
</tr>
<tr>
<td>CAD</td>
<td>Computer-Aided Dispatch</td>
</tr>
<tr>
<td>CAG</td>
<td>Crime Analysis Group</td>
</tr>
<tr>
<td>CAT</td>
<td>Combat Application Tourniquet</td>
</tr>
<tr>
<td>CCAC</td>
<td>Convention Center Area Command</td>
</tr>
<tr>
<td>CCDC</td>
<td>Clark County Detention Center</td>
</tr>
<tr>
<td>CCP</td>
<td>Casualty Collection Point</td>
</tr>
<tr>
<td>CIRT</td>
<td>Critical Incident Review Team</td>
</tr>
<tr>
<td>CIS</td>
<td>Criminal Intelligence Section</td>
</tr>
<tr>
<td>CIT</td>
<td>Crisis Intervention Team</td>
</tr>
<tr>
<td>CIU</td>
<td>Central Intelligence Unit</td>
</tr>
<tr>
<td>CNIP</td>
<td>Coordinated NIMS Incident Planner</td>
</tr>
<tr>
<td>CNT</td>
<td>Crisis Negotiation Team</td>
</tr>
<tr>
<td>CP</td>
<td>Command Post</td>
</tr>
<tr>
<td>CSA</td>
<td>Crime Scene Analyst</td>
</tr>
<tr>
<td>CSI</td>
<td>Crime Scene Investigations</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Full Form</td>
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<tr>
<td>--------------</td>
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</tr>
<tr>
<td>CTAG</td>
<td>Counter Terrorism Analytical Group</td>
</tr>
<tr>
<td>CTS</td>
<td>Counter Terrorism Section</td>
</tr>
<tr>
<td>DOC</td>
<td>Department Operations Center</td>
</tr>
<tr>
<td>DSD</td>
<td>Detention Services Division</td>
</tr>
<tr>
<td>DTAC</td>
<td>Downtown Area Command</td>
</tr>
<tr>
<td>DVD</td>
<td>Digital Versatile Disc</td>
</tr>
<tr>
<td>EAC</td>
<td>Enterprise Area Command</td>
</tr>
<tr>
<td>EAL</td>
<td>Entry Access List</td>
</tr>
<tr>
<td>EAP</td>
<td>Employee Assistance Program</td>
</tr>
<tr>
<td>ECD</td>
<td>Electronic Control Device</td>
</tr>
<tr>
<td>EIIP</td>
<td>Early Identification and Intervention Program</td>
</tr>
<tr>
<td>EM</td>
<td>Emergency Management or Emergency Manager</td>
</tr>
<tr>
<td>EMS</td>
<td>Emergency Management Section</td>
</tr>
<tr>
<td>EOC</td>
<td>Emergency Operations Center</td>
</tr>
<tr>
<td>EVOC</td>
<td>Emergency Vehicle Operations Course</td>
</tr>
<tr>
<td>FANG</td>
<td>Firearms and Narcotics Group</td>
</tr>
<tr>
<td>FAO</td>
<td>Fire Alarm Office</td>
</tr>
<tr>
<td>FIT</td>
<td>Force Investigation Team</td>
</tr>
<tr>
<td>IAP</td>
<td>Incident Action Plan</td>
</tr>
<tr>
<td>ICARE</td>
<td>Integrity, Courage, Accountability, Respect for People, Excellence</td>
</tr>
<tr>
<td>ICP</td>
<td>Incident Command Post</td>
</tr>
<tr>
<td>ICS</td>
<td>Incident Command System</td>
</tr>
<tr>
<td>IED</td>
<td>Improvised Explosive Device</td>
</tr>
<tr>
<td>IT</td>
<td>Information Technology</td>
</tr>
<tr>
<td>ITB</td>
<td>Information Technology Bureau</td>
</tr>
<tr>
<td>Acronym</td>
<td>Definition</td>
</tr>
<tr>
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<td>------------------------------------------------</td>
</tr>
<tr>
<td>IOCP</td>
<td>Internal Oversight &amp; Constitutional Policing Bureau</td>
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<tr>
<td>JIC</td>
<td>Joint Information Center</td>
</tr>
<tr>
<td>JOC</td>
<td>Joint Operations Center</td>
</tr>
<tr>
<td>JTTF</td>
<td>Joint Terrorism Task Force</td>
</tr>
<tr>
<td>LEST</td>
<td>Law Enforcement Support Technician</td>
</tr>
<tr>
<td>MACTAC</td>
<td>Multi-Assault Counter Terrorism Action Capabilities</td>
</tr>
<tr>
<td>MCI</td>
<td>Mass-Casualty Incident</td>
</tr>
<tr>
<td>MSAC</td>
<td>Medical Surge Area Command</td>
</tr>
<tr>
<td>NCORE</td>
<td>Nevada Core Systems Network</td>
</tr>
<tr>
<td>NIMS</td>
<td>National Incident Management System</td>
</tr>
<tr>
<td>NRS</td>
<td>Nevada Revised Statutes</td>
</tr>
<tr>
<td>ODB</td>
<td>Organizational Development Bureau</td>
</tr>
<tr>
<td>OIO</td>
<td>Office of Internal Oversight</td>
</tr>
<tr>
<td>OIS</td>
<td>Officer-Involved Shooting</td>
</tr>
<tr>
<td>OT</td>
<td>Overtime</td>
</tr>
<tr>
<td>PBX</td>
<td>Private Branch Exchange</td>
</tr>
<tr>
<td>PEAP</td>
<td>Police Employee Assistance Program</td>
</tr>
<tr>
<td>PIO</td>
<td>Public Information Office and Officer</td>
</tr>
<tr>
<td>PPE</td>
<td>Personal Protective Equipment</td>
</tr>
<tr>
<td>PSAP</td>
<td>Public Safety Answering Point</td>
</tr>
<tr>
<td>PTSD</td>
<td>Post-Traumatic Stress Disorder</td>
</tr>
<tr>
<td>RAC</td>
<td>Resident Agent in Charge (ATF)</td>
</tr>
<tr>
<td>RBT</td>
<td>Reality-Based Training</td>
</tr>
<tr>
<td>RTF</td>
<td>Rescue Task Force</td>
</tr>
<tr>
<td>SAR</td>
<td>Suspicious Activity Report</td>
</tr>
<tr>
<td>SER</td>
<td>Significant Event Reporting</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Full Form</td>
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<tr>
<td>--------------</td>
<td>-----------</td>
</tr>
<tr>
<td>SCAC</td>
<td>South Central Area Command</td>
</tr>
<tr>
<td>SEMS</td>
<td>Standardized Emergency Management System</td>
</tr>
<tr>
<td>SERT</td>
<td>Special Emergency Response Team</td>
</tr>
<tr>
<td>SLAM</td>
<td>Simultaneous Localization and Mapping</td>
</tr>
<tr>
<td>SME</td>
<td>Subject Matter Expert</td>
</tr>
<tr>
<td>SPR</td>
<td>Special Purpose Rifle</td>
</tr>
<tr>
<td>SWAT</td>
<td>Special Weapons and Tactics</td>
</tr>
<tr>
<td>TASS</td>
<td>Technical and Surveillance Section</td>
</tr>
<tr>
<td>TOC</td>
<td>Tactical Operations Center</td>
</tr>
<tr>
<td>TOS</td>
<td>Tactical Operations Section</td>
</tr>
<tr>
<td>UOF</td>
<td>Use of Force</td>
</tr>
<tr>
<td>USB</td>
<td>Universal Serial Bus</td>
</tr>
<tr>
<td>VCC</td>
<td>Virtual Command Center</td>
</tr>
<tr>
<td>WC</td>
<td>Watch Commander</td>
</tr>
</tbody>
</table>
APPENDIX C: ADMINISTRATIVE NOTICE FOR ACTIVE SHOOTER

Las Vegas Metropolitan Police Department
Partners with the Community

TO: ALL PERSONNEL

SUBJECT: OFFICER’S REPORT FOR ACTIVE SHOOTER

Additional Information: N/A

Approval Signature:
Joseph Lombardo, Sheriff
Kevin McMahill, Undersheriff

Many employees of the Las Vegas Metropolitan Police Department were involved in the response to the Active Shooter incident that took place on October 1, 2017 at the Route 91 Festival. If you were involved in this incident, either in an on duty or off duty capacity and took police action (i.e.; protection of others, life saving measures, command and control, traffic control, area hospital response) you are directed to complete an Officer’s Report documenting your actions.

The Officer’s Report is to be typed with the details of the actions taken and then sent via email to Transcriptions@lvmpd.com. Use the primary event number: 171001-3519. The only exceptions to fulfilling this directive are those officers who have already been interviewed by the Force Investigation Team (FIT).

In the vast response to this incident, there were many acts of heroism and many people who took a role in saving lives, working to control local hospitals, and over all command control. There are many who self-dispatched to this incident in order to serve our community. We do not want any employees to go unnoticed or their actions to remain unknown due to the size and scope of this on-going investigation.
### APPENDIX D: LAS VEGAS CONVENTION AND VISITORS AUTHORITY EVENTS

<table>
<thead>
<tr>
<th>Timing of Event</th>
<th>Name of Event</th>
<th>Size of Event</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 31&lt;sup&gt;st&lt;/sup&gt;</td>
<td>New Year’s Eve</td>
<td>Hundreds of thousands</td>
<td>Open air</td>
</tr>
<tr>
<td>January</td>
<td>Consumer Electronic Show (CES)</td>
<td>175,000</td>
<td>Indoor venue</td>
</tr>
<tr>
<td>January</td>
<td>Shot Show</td>
<td>50,000</td>
<td>Indoor venue</td>
</tr>
<tr>
<td>January/February and July/August</td>
<td>World Market</td>
<td>40,000</td>
<td>Indoor venue</td>
</tr>
<tr>
<td>March and September</td>
<td>NASCAR</td>
<td>50,000+</td>
<td>Open air</td>
</tr>
<tr>
<td>May</td>
<td>Electric Daisy Carnival (EDC)</td>
<td>145,000+ per day</td>
<td>Open air, 3-day event</td>
</tr>
<tr>
<td>June</td>
<td>Jewelry Circular Keystone</td>
<td>40,000+</td>
<td>Indoor venue</td>
</tr>
<tr>
<td>July</td>
<td>Microsoft</td>
<td>40,000</td>
<td>Indoor venue</td>
</tr>
<tr>
<td>September</td>
<td>Life is Beautiful</td>
<td>45,000</td>
<td>Open air</td>
</tr>
<tr>
<td>September</td>
<td>I Heart Radio</td>
<td>15,000+</td>
<td>Open air</td>
</tr>
<tr>
<td>September</td>
<td>Bite of Las Vegas</td>
<td>20,000</td>
<td>Open air</td>
</tr>
<tr>
<td>September/October</td>
<td>Route 91 Harvest Music Festival</td>
<td>22,000 per day</td>
<td>Open air, 3-day event</td>
</tr>
<tr>
<td>October</td>
<td>Bike Fest</td>
<td>25,000+</td>
<td>Open air</td>
</tr>
<tr>
<td>October/November</td>
<td>Specialty Equipment Market Association (SEMA)</td>
<td>155,000</td>
<td>Indoor venue</td>
</tr>
<tr>
<td>November</td>
<td>Rock &amp; Roll Marathon</td>
<td>25,000</td>
<td>Open air</td>
</tr>
<tr>
<td>November</td>
<td>Amazon Web Services</td>
<td>50,000</td>
<td>Indoor venue</td>
</tr>
<tr>
<td>October through April</td>
<td>Vegas Golden Knights Hockey</td>
<td>18,000+ per game</td>
<td>41 games per year</td>
</tr>
<tr>
<td>June</td>
<td>American Ninja Warrior Filming</td>
<td>250</td>
<td>Open air</td>
</tr>
<tr>
<td>March through October</td>
<td>Day Club / Hotel Pool surge</td>
<td>Thousands</td>
<td>Open air</td>
</tr>
<tr>
<td>Year around</td>
<td>Fremont Street Experience and Downtown Las Vegas</td>
<td>Thousands</td>
<td>Open air</td>
</tr>
</tbody>
</table>
### APPENDIX E: INCIDENT ACTION PLAN TEMPLATE

**ICS 204, Assignment List**

<table>
<thead>
<tr>
<th>Incident Name:</th>
<th>Branch:</th>
<th>Division:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date:</th>
<th>Location:</th>
<th>Area Command/Sector Beat:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time From:</td>
<td>To:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Incident Commander:</th>
<th>Operations Chief:</th>
<th>Traffic Supervisor:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Personnel</th>
<th>P#</th>
<th>Call Sign</th>
<th>Cell Phone</th>
<th># of Officers</th>
<th>Start Time</th>
<th>End Time</th>
</tr>
</thead>
</table>

| | | | | | | |

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| | | | | | | |
SITUATION:
START TYPING HERE

MISSION:
START TYPING HERE

EXECUTION:
- Event Contact –
- Briefing –
- Parking –
- Event Specifics – (specific instructions for specific officers, etc.)
- Officers will address all matters of a public safety nature and will support and assist venue personnel (including security, ushers, and promoters) in maintaining public order. Venue representatives will defer to Police Officers when these minor issues become criminal in nature and or when representative decides to formally trespass the subject(s). Officers will be visible to the crowd. Officers will be responsible for completing all necessary reports for any actions taken at the event.

COMMAND:
- SGT/OIC will report secure times through the Events Planning secure line.
  - Officers will NOT be paid until secure times are reported.
  - Early reporting or late secure MUST be reported – we cannot bill for time officers were not at assignment or working related to the assignment (e.g. staying late for an arrest, officers to report event number associated).
- SGT/OIC will ensure all officers are logged on and the area SGT is aware they are working in their area of responsibility.
  - Officers will log into “I-3” area and use area command channel unless noted otherwise in this IAP.
- SGT/OIC will ensure call-signs and partners are maintained for Events Planning record keeping but can adjust officer positioning, posts, etc. as necessary to ensure the success of the event.
- SGT may relieve officers of duty if they are not performing to standard or are not critical to the event.

MISCELLANEOUS INFORMATION:
- ALL LVMPD POLICIES AND PROCEDURES ARE IN EFFECT DURING THIS AND ALL OVERTIME ASSIGNMENTS
- Unless otherwise specified, patrol uniform of the day will be worn with all required equipment.
  - Officers will bring all PPE (helmet/gas mask) / SGT will bring devastator
  - Rifle-certified officers will bring their rifle and related equipment
  - Officers working traffic control will wear reflective vest and have flashlight/whistle (Dept. Policy 5/107.15)
- Officers noted with double asterisk (**) will bring full complement of paperwork for arrests, citations, reports, etc. They are also responsible for bringing a department vehicle from their assigned area command – NOT the one closest to home
- Only officers with the double asterisk (**) WILL BRING A DEPARTMENT VEHICLE.
- During Special Events Overtime, BWC wearers will comply with current operating procedures governing use.
- Officers are to enforce criminal laws and statutes, NOT Event Holder’s rules, regulations, or policies.
- Officers will handle any incidents on the property which would require a police response such as crime reports, citations and arrests.
- Contact your listed supervisor or OIC if you are not going to arrive on time.

<table>
<thead>
<tr>
<th>RADIO CHANNEL</th>
<th>PRIMARY –</th>
<th>SECONDARY –</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepared By:</td>
<td>Approved By:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

MAPS: (If applicable)
## APPENDIX F: MAIN STAGE PERFORMERS FOR OCTOBER 1, 2017

<table>
<thead>
<tr>
<th>Start Time</th>
<th>End Time</th>
<th>Artist</th>
</tr>
</thead>
<tbody>
<tr>
<td>3:00 p.m.</td>
<td>3:05 p.m.</td>
<td>Dee Jay Silver</td>
</tr>
<tr>
<td>3:05 p.m.</td>
<td>3:35 p.m.</td>
<td>Tyler Reeve</td>
</tr>
<tr>
<td>3:35 p.m.</td>
<td>4:05 p.m.</td>
<td>Hange/Dee Jay Silver</td>
</tr>
<tr>
<td>4:05 p.m.</td>
<td>4:45 p.m.</td>
<td>Josh Abbott Band</td>
</tr>
<tr>
<td>4:45 p.m.</td>
<td>5:15 p.m.</td>
<td>Dee Jay Silver</td>
</tr>
<tr>
<td>5:15 p.m.</td>
<td>6:05 p.m.</td>
<td>Kane Brown</td>
</tr>
<tr>
<td>6:05 p.m.</td>
<td>6:35 p.m.</td>
<td>Hange/Dee Jay Silver</td>
</tr>
<tr>
<td>6:35 p.m.</td>
<td>7:30 p.m.</td>
<td>Big &amp; Rich</td>
</tr>
<tr>
<td>7:30 p.m.</td>
<td>8:00 p.m.</td>
<td>Dee Jay Silver</td>
</tr>
<tr>
<td>8:00 p.m.</td>
<td>9:10 p.m.</td>
<td>Jake Owen</td>
</tr>
<tr>
<td>9:10 p.m.</td>
<td>9:40 p.m.</td>
<td>Hange/Dee Jay Silver</td>
</tr>
<tr>
<td>9:40 p.m.</td>
<td>11:05 p.m.</td>
<td>Jason Aldean</td>
</tr>
</tbody>
</table>