

Office of Internal Oversight Review
Key Findings, Conclusions, and/or Recommendations of an In-Custody Death
1720 West Bonanza Road – September 5, 2019

Purpose

The purpose of this report is to publish key findings, conclusions, and/or recommendations of the Las Vegas Metropolitan Police Department's (LVMPD) internal review of this incident. A variety of actions can be taken administratively in response to the Department's review of a deadly force incident. The review may reveal no action is required or determine additional training is appropriate for all officers in the workforce, or only for the involved officer(s). The review may reveal the need for changes in Department policies, procedures, or rules. Where departmental rules have been violated, formal discipline may be appropriate. The goal of the review is to improve both individual and Department performance.

Synopsis of Event

On September 5, 2019, at approximately 0548 hours, the Las Vegas Metropolitan Police Department (LVMPD) was involved in a critical incident under LVMPD Event LLV190900020669. The incident occurred at the Desert Garden Condominiums, 1720 West Bonanza Road, Las Vegas, NV 89106. This address was located within the LVMPD Bolden Area Command (BAC); sector beat William 4 (W4).

The incident was an in-custody death involving Officer Patrick Campbell and Officer Benjamin Vazquez. The subject, Byron Lee Williams, became unresponsive after being taken into custody using empty-hand tactics.

Prior to the incident, officers Campbell and Vazquez were working as a two-officer Violent Crimes (VC) unit and were driving a LVMPD-marked patrol SUV. While near Bonanza Road and Martin Luther King Boulevard, they observed Williams riding a bicycle without any lights attached, which is a misdemeanor crime in Las Vegas, NV.

The officers attempted to stop Williams, but he fled from them on his bicycle. At approximately 0549 hours, Williams discarded his bicycle and continued to flee from the officers on foot, westbound from Martin Luther King Boulevard. Officers Campbell and Vazquez exited their patrol vehicle and initiated a foot pursuit to take Williams into custody.

During the foot pursuit, officers Campbell and Vazquez followed Williams as he went over two separate walls, approximately six feet in height, and entered the Desert Garden complex. As Williams got over the second wall, Officer Campbell was close behind and continued to pursue him in a westward direction. Officer Vazquez was slightly behind, and when he got over the second wall, he ran north.

In a courtyard area of the complex, near Building N, Officer Campbell was able to catch up to Williams. Officer Campbell told Williams to get on the ground, and he complied by lying face down. The foot pursuit lasted for one minute and 14 seconds and covered an estimated distance of 270 yards.

Although Williams went to the ground, face down, he resisted by keeping his hands under his body, not allowing Officer Campbell to handcuff him. As this occurred, Officer Vazquez came to an opening and observed Officer Campbell attempting to take Williams into custody. He approached and assisted Officer Campbell.

While attempting to take Williams into custody, Officer Campbell initially placed his knee on the back of Williams' head. Four seconds later, Officer Campbell repositioned his knee between Williams' shoulder blades. Three seconds later, Williams stated he could not breathe for the first time. Simultaneously, Officer Vazquez placed his knee on Williams' buttock. Again, Williams told officers he could not breathe while they attempted to place him in handcuffs. During the physical altercation, the officers pulled on

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Williams' arms to free his hands from under his body and handcuffed him. At approximately 0551 hours, 43 seconds after Officer Campbell first used empty-hand tactics on Williams, it was broadcast over the radio he was in custody.

Once handcuffed, officers maintained pressure on Williams' back and buttock. A review of the officers' body worn cameras (BWCs) showed they struggled to catch their breath and appeared exhausted from the foot pursuit and physical altercation. Williams continued to state he could not breathe. Forty (40) seconds after Williams was placed in handcuffs, Officer Campbell got off Williams but kept a hand on Williams' back.

Thirty-four (34) seconds later, additional officers began to arrive. One of the officers told officers Vazquez and Campbell "I got him" and took a kneeling position across Williams' buttock. Twenty (20) seconds later, Officer Vazquez removed his weight from Williams' buttock. Thirteen (13) seconds later, the other officer took his knee off Williams and assisted in standing him up with another officer.

Initially, when the officers tried to stand Williams up, he put his feet together to conceal a bag of methamphetamine he had dropped. As Williams tried to kick the bag of methamphetamine away, his body went limp. At approximately 0554 hours, as they escorted Williams out of the courtyard to patrol vehicles, officers requested medical and broadcast Williams was out of breath. At approximately 0555 hours, the Las Vegas Fire and Rescue (LVFR) was assigned to the incident to provide medical aid to Williams.

While officers escorted Williams to patrol vehicles, he picked up his legs which caused the officers to carry his full body weight. As the officers reached a patrol vehicle, they placed Williams on the pavement, face down, with his hands handcuffed behind his back. Shortly after, Williams became unresponsive. An officer placed his hand on Williams' back to check if he was breathing and felt a breath.

One minute and 48 seconds after Williams was placed on the pavement, face down, officers rolled Williams onto his right side, shined a flashlight into his eyes, checked for a pulse, and rechecked for breathing. The officers did not update over the radio the change in Williams' medical condition when he became unresponsive. During this timeframe, multiple officers within the vicinity of Williams began to deactivate their BWCs; even though, there was the potential to document critical information.

At approximately 0557 hours, an on-scene officer stated Williams was "alive, he's moving, his mouth moved." At approximately 0558 hours, the last activated BWC within the vicinity of Williams was deactivated by the officer. At approximately 0605 hours, LVFR paramedics arrived at the Desert Garden complex. Two minutes later, LVFR located Williams and began their assessment and medical treatment of him. At approximately 0609 hours, officers near Williams began reactivating their BWCs.

LVFR paramedics determined Williams was in cardiac arrest and requested an LVFR engine response. Upon the arrival of the LVFR engine, four additional LVFR members assisted in treating and transporting Williams. At approximately 0616 hours, Williams was transported to Valley Hospital. At the hospital, medical staff evaluated and treated Williams, but he was pronounced deceased at 0644 hours.

During the preliminary criminal and administrative investigations, it was learned that Williams had been on court-ordered electronic monitoring under the supervision of corrections officers assigned to the Alternative to Incarceration (house arrest) of the LVMPD Detention Services Division. Williams had absconded from the

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electronic monitoring by not charging the battery on the device. August 31, 2020 was the last date the device was documented as active.

On September 6, 2019, at approximately 0850 hours, the Clark County Office of the Coroner/Medical Examiner (CCOCME) conducted an autopsy on Williams. After a complete autopsy, the CCOCME opined Williams died as a result of methamphetamine intoxication with hypertension and atherosclerotic cardiovascular disease, pulmonary fibrosis, granulomatous lung disease, and prone restraint listed as other significant conditions. The following injuries and/or medical issues, reference Williams, were noted by the CCOCME:

The autopsy demonstrated scattered small superficial abrasions of the forehead and scalp with very focal small underlying scalp hemorrhage. There were scattered abrasions on the torso and lower extremities as well. There was no significant underlying skin or muscular hemorrhage upon reflection of the skin and muscles of the torso. There was no internal trauma noted. Natural disease identified, included 50% stenosis of the right coronary artery, a remote myocardial infarction, an acute myocardial infarction, and palpable fibrosis in the lungs bilaterally. Histological examination of the heart revealed changes consistent with an acute myocardial infarction (heart attack) approximately 12-24 hours in age. Examination of the lungs revealed patchy interstitial fibrosis as well as numerous granulomata. Toxicological testing detected caffeine, cotinine, naloxone, delta-9 THC (.60ng/mL), amphetamine (150 ng/mL), and methamphetamine (2100 ng/mL). Vitreous humor chemistry was significant for mildly elevated creatinine (1.6 mg/dL) and urea nitrogen (25mg/dL) levels.

The Criminal Investigation

LVMPD Force Investigation Team (FIT) conducted the criminal investigation of this incident. Their investigation was submitted to the Clark County District Attorney's Office for review. The District Attorney's Office determined that "no criminal prosecution of the officer or officers involved in the referenced case is appropriate."

For additional information related to the investigation of this incident, refer to LVMPD's FIT Report and the Clark County District Attorney's Legal Analysis Report, and/or the Clark County District Attorney's Decision document.

LVMPD Administrative Review and Critical Incident Review Process

It is the policy of this Department to provide LVMPD and the community with a thorough review of incidents wherein deadly force was used by Department members. The Critical Incident Review Process (CIRP) includes the participation of citizen board members who reside within the LVMPD jurisdiction, who are not personally affiliated with the Department, who are not related to any of its members, and who have not had prior law enforcement experience.

The CIRP is comprised of two related boards whose sole purpose is to conduct comprehensive administrative review of the tactics utilized by involved Department members as well as decision-making, Department policy, training, supervision, and the use of deadly force.

The Use of Force Review Board (UFRB) consists of commissioned and citizen members. The Critical Incident Review Team (CIRT) presents the facts related to the use of deadly force. The board issues findings regarding the actions of Department members who used, directly ordered, or directly influenced the use of deadly force, whether such force resulted in death or serious injury. The UFRB may choose from one of

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four findings after hearing the presentation of facts from CIRT. The findings are Administrative Approval, Tactics/Decision-Making, Policy/Training Failure, or Administrative Disapproval.

The Tactical Review Board (TRB) reviews CIRT conclusions. The TRB can validate, overturn, or modify the conclusions regarding the actions of Department members.

When officers Campbell and Vazquez were attempting to take Williams into custody, they used empty-hand tactics to place him into handcuffs. Per LVMPD policy, the force applied by the officers was low-level force, defined as: “a level of force or control that is neither likely nor intended to cause injury.”

Due to an in-custody death occurring in a police action where force was used, an administrative investigation was conducted. Upon completion of the investigation and because the CCOCME documented prone restraint as other significant conditions on why Williams died, CIRT presented their findings at the CIRP.

The matter was heard by the UFRB and TRB on March 5, 2020. Below are the key findings, conclusions, and/or recommendations from the CIRP determined by the UFRB and TRB members and approved by the Sheriff.

Use of Force Review Board

UFRB: Officers Patrick Campbell and Benjamin Vazquez

The board’s finding was Administrative Approval. Administrative Approval is defined as: “objectively reasonable force was used under the circumstances, based on the information available to the officers at the time.” This finding acknowledges the empty-hand tactics used by officers Campbell and Vazquez (pulling Williams’ arms out from under his body in order to handcuff him while he was lying face down on the ground) were justified and within Department policy.

Tactical Review Board

Communication

Communication can be verbal or non-verbal. It includes electronic transmission or in-person. A review of these recordings can provide valuable evidence of the circumstances surrounding a particular event.

A review of the Computer Assisted Dispatch (CAD) document and radio traffic showed dispatchers continued to update CAD and make all the proper notifications upon being advised of the in-custody death.

- The administrative review determined all LVMPD dispatchers and Communications supervisors performed within standardized LVMPD tactics, training, and policy.
- The administrative review determined the officers’ information sharing and radio traffic were within standardized LVMPD tactics, training, and policy.

Officer Campbell, while engaged in a foot pursuit and running approximately 270 yards, broadcast his location and the direction Williams was running. Officer Campbell gave potential locations for officers to respond to establish a perimeter to aid in the apprehension of Williams. He provided continuous and

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valuable updates to responding units. Once Williams was taken into custody, Officer Campbell broadcast the updated status for the officers still responding.

- The administrative review determined Officer Campbell's radio traffic/communication during the foot pursuit was within standardized LVMPD tactics, training, and policy.

De-escalation

Policing requires that, at times, an officer must exercise control of a violent or resisting subject to make an arrest or to protect the officer, other officers, or members of the community from risk of harm. Clearly, not every potential violent confrontation can be de-escalated, but officers do have the ability to impact the direction and the outcome of many situations based on their decision-making and the tactics they choose to employ. As a strategy to diminish the likelihood and the severity of force, officers will attempt to de-escalate confrontations.

During the foot pursuit, officers Campbell and Vazquez followed Williams as he went over two separate walls, approximately six feet in height, and entered the Desert Garden complex. As Williams got over the second wall, Officer Campbell was close behind and continued to pursue him in a westward direction. Officer Vazquez was slightly behind, and when he got over the second wall, he ran north.

In a courtyard area of the complex, near Building N, Officer Campbell was able to catch up to Williams. Officer Campbell told Williams to get on the ground and he complied by lying face down. As this occurred, Officer Vazquez came to an opening and observed Williams being taken into custody by Officer Campbell. He approached and assisted Officer Campbell.

- The administrative review determined officers Campbell and Vazquez's principles of contact and cover during the foot pursuit were within standardized LVMPD tactics, training, and policy.

Use of Force

It is the policy of this Department that officers hold the highest regard for the dignity and liberty of all persons and place minimal reliance upon the use of force. The Department respects the sanctity of every human life, and the application of deadly force is a measure to be employed in the most extreme circumstances where lesser means of force have failed or could not be reasonably considered.

The Department seeks to manage use of force beyond the *Graham v. Connor* (1989) standard and its minimum requirements by establishing further parameters for the application of force and to offer explicit direction to officers. Sound judgment, the appropriate exercise of discretion, and the adherence to Department policy will always be the foundation of officer decision-making in the broad range of possible use of force situations.

Officers will only use a level of force that is objectively reasonable to bring an incident or persons under control and to safely accomplish a lawful purpose. An officer's use of force must balance against the level of resistance exhibited by the subject. The level of force administered by an officer must be carefully controlled and should not be more than objectively reasonable to overcome the physical harm threatened.

In a confrontation, an officer will continuously reassess their response and adjust any use of force accordingly based upon the level of resistance encountered. Failure to reassess each application of force

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can lead to a violation of law and/or policy. The use of force by an officer must be within Department policy, which may be more restrictive than the law.

At the time Officer Campbell caught up to Williams during the foot pursuit, Williams complied and lied face down near building N. However, as officers Campbell and Vazquez attempted to take Williams into custody, he resisted by keeping his hands under his body. The officers pulled on his arms to free his hands from under his body and handcuff him.

- The administrative review determined officers Campbell and Vazquez's empty-hand tactics used by officers Campbell and Vazquez (pulling Williams' arms out from under his body in order to handcuff him while he was lying face down on the ground) were within standardized LVMPD tactics, training, and policy.

Incident Management

Supervisors will possess a thorough knowledge of tactics and ensure that officers under their supervision perform to a standard, in accordance with LVMPD policy and training. The prospect of a favorable outcome is often enhanced when supervisors become involved in the management of the overall response to a potentially violent encounter by coordinating officers' tactical actions.

Supervisors will acknowledge and respond to incidents in a timely manner when officer use of reportable force is probable. Supervisors will also manage the deployment of resources and equipment. In dynamic and highly charged incidents, supervisors will provide clear direction and communication to officers regarding their positioning and roles. Upon observing substandard officer approaches or flaws in tactical decisions, the supervisor will promptly act to correct any deficiencies.

As events unfolded, supervisors realized the severity and maintained care and control of multiple scenes.

- The administrative review determined the supervisory response was within standardized LVMPD tactics, training, and policy.

Additional Key Findings, Conclusions, and/or Recommendations

Initially, when the officers tried to stand Williams up, he put his feet together to conceal a bag of methamphetamine he had dropped. As Williams tried to kick the bag of methamphetamine away, his body went limp. Officers requested medical and broadcast Williams was out of breath.

While officers escorted Williams to patrol vehicles, he picked up his legs which caused the officers to carry his full body weight. As the officers reached a patrol vehicle, they placed Williams on the pavement, face down, with his hands handcuffed behind his back. Shortly after, Williams became unresponsive. An officer placed his hand on Williams' back to check if he was breathing and felt a breath.

One minute and 48 seconds after Williams was placed on the pavement, faced down, officers rolled Williams onto his right side, shined a flashlight into his eyes, checked for a pulse, and rechecked for breathing. However, the officers did not update over the radio the change in Williams' medical condition when he became unresponsive.

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- The administrative review determined the officers (who were near Williams as he laid on his stomach and became unresponsive) should have immediately rolled Williams onto his side after seeing him detained on his stomach. The officers' medical response was not within standardized LVMPD tactics, training, and policy.

During CIRT's review of the incident, it was discovered multiple officers in the vicinity of Williams deactivated their BWCs when he became unresponsive; even though, there was the potential to document critical information.

- The administrative review determined the officers' deactivation of their BWCs, while in contact with Williams, was not within standardized LVMPD tactics, training, and policy.

As a result of this incident, the following was initiated/accomplished:

- On September 23, 2019, an awareness report about the proper care and control of a suspect after they have been taken into custody was sent Department-wide for review and discussion. The document provided information and reference materials related to positional asphyxia and professionalism in law enforcement. Some of the information provided was:

It is imperative officers be mindful that after a subject is placed in police custody, the care and control of the subject is the responsibility of the LVMPD. In terms of policing regarding restraint, simply put the concept of placing a restrained subject in any posture which makes it harder for them to breathe encompasses positional asphyxia. Contributing factors include a subject being tied or handcuffed in a prone position. Add in obesity, psychosis and drug or alcohol induced behavior and these may increase a subject's susceptibility to sudden death especially after a violent struggle.

Consider the position of a subject when officers have him/her proned out on the ground, face down. Think about the possible struggle involved in handcuffing a resistant subject after a foot pursuit. It is vital, once the subject is handcuffed, to get him/her off their stomach and either onto their side or sitting up. Once in-custody, continue monitoring the subject, request medical if signs of distress and/or injury are present and update dispatch should the subject's condition change. For example, medical has been requested but the subject, who was "out of breath," now appears to be in a medical crisis beyond being out of breath, (i.e. labored breathing, cardiac arrest, signs of excited delirium, etc.). (LVMPD Awareness Report, AW2019-012)

- On February 12, 2020, an LVMPD Administrative Notice (AN) was published advising all officers that "policy updates are forthcoming to LVMPD 6/002.00, Use of Force, and LVMPD 6/005.00, Handling Persons with Special Needs. In the meantime, officers will follow the below revised portions of these drafted policies pending publication." Some information documented in the AN regarding medical attention was:
 - *Officers will not restrain subjects, who are in custody and under control, in a manner that compromises their ability to breathe. Proned handcuffed subjects will be placed in a recovery position (i.e., the placement of a subject's body in a manner that does not restrict breathing or obstruct the airway, such as on their side or upright). While handcuffed subjects are seated, they will not be forcefully bent forward in a position that brings their chest to their knees, and pressure will not be applied to their back, neck, or head.*

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- *Take appropriate steps for care of the individual:*
 - a. *Place the subject in the recovery position (i.e., the placement of a subject's body in a manner that does not restrict breathing or obstruct the airway, such as on their side or upright). While handcuffed subjects are seated, they will not be forcefully bent forward in a position that brings their chest to their knees, and pressure will not be applied to their back, neck, or head.*
 - b. *Consider the use of two sets of handcuffs to avoid escalating the medical crisis.*
 - c. *Monitor the subject's breathing. A subject who becomes quiet or who no longer offers resistance should be immediately assessed to ensure the subject is breathing and has a pulse.*
 - d. *Coordinate with medical personnel to transfer custody of the subject to them, assisting to avoid delay in transportation.*
 - 1) *If removing handcuffs prolongs a struggle with the subject prior to transport, the handcuffs will remain on the subject, and the officer will escort the subject either in the ambulance or by following in a patrol vehicle, to assist in the removal of the handcuffs at the medical facility.*
- *LVMPD's updated use of force policy was published on May 15, 2020, providing guidance and accountability for Department members. Within the policy a "Medical Attention" section was improved. Documented in this section is the recovery position and is defined as "the placement of a subject's body in a manner that does not restrict breathing or obstruct the airway, i.e., on their side or upright." Additional information documented in the Medical Attention section reads:*

Whenever an officer applies a use of force option upon a subject that results in observable signs of difficulty in breathing, a visible injury, or a complaint of injury, the officer will continuously monitor the subject and immediately summon medical attention. Officers will be mindful that persons who are in a prolonged physical encounter with officers may be at an increased risk of medical distress. Incidents involving these persons should be considered medical emergencies.

Officers will monitor for signs of life (e.g., pulse, respiration, and chest movement) and update responding medical personnel via Dispatch with any changes in the subject's condition. When requesting medical attention, the officer will provide the nature of the injury, the subject's age and gender, and other circumstances that could be of potential medical risk to the subject (e.g., obesity, suspected drug use, extreme agitation, profuse sweating, labored breathing, complaint of chest pain, or involvement in a foot pursuit) (see LVMPD 6/005.00 Section IV, Excited Delirium). Officers should render medical aid within the scope of their departmental training and skill level while awaiting the next level of medical care.

Officers will not restrain subjects who are in custody and under control in a manner that compromises their ability to breathe. Proned handcuffed subjects will be placed in a recovery position (i.e., the placement of a subject's body in a manner that does not restrict breathing or obstruct the airway, such as on their side or upright). While handcuffed subjects are seated, they will not be forcefully bent forward at the waist, and pressure will not be applied to their back, neck, or head. (LVMPD Policy 6/002.00 Use of Force; VII. Medical Attention)

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- LVMPD policy 5/210.01 Body Worn Cameras was updated. Under the “Deactivation” section, the following was updated/incorporated:

To ensure the details of an evolving incident have been captured on BWC, officers will continue recording until:

- 1. They have cleared from the scene and are no longer assigned to the event; and*
- 2. They have discontinued contact with (and are no longer in proximity to) the subject(s).*

Officers will deactivate their BWC on static crime scenes where investigative units have been called or when directed by a supervisor. All other officers assigned to other responsibilities related to the event will have their BWC activated until advised by a supervisor.

- LVMPD policy 5/212.05 Foot Pursuits was updated to include the advisement of “persons who are in prolonged physical encounters with officers may be at risk of medical distress. Officers will summon medical attention if the subject is injured or complains of injury (e.g., displays difficulty breathing or appears to lose consciousness. See LVMPD 6/002.00, Use of Force “Medical Attention”).”
- Although UFRB and TRB members reviewed and determined the use of force, tactics, and decisions made by LVMPD patrol officers and supervisors assigned to this critical incident, some areas were not addressed during the CIRP that were beyond the scope of the review.

LVMPD recognizes and acknowledges some behaviors and comments made by LVMPD officers about and/or around Williams did not support or represent the Department’s “I CARE” (Integrity, Courage, Accountability, Respect, and Excellence) values, which is the guiding principal for every employee. All LVMPD employees are expected to represent the values of the Department while in the workplace and on duty.

Under direction from the Sheriff, a course was developed to introduce and reinforce the concept of ethics, values, and professionalism in law enforcement, both on and off-duty. The class emphasizes officers hold the highest regard for the dignity and liberty of all persons and that officers respect the value of every human life before, during, and after use of force. Other areas the class concentrates on regarding ethics, values, and professionalism in law enforcement are:

- Social Media
- Respect for Individual Rights
- Law Enforcement Code of Ethics
- Interaction with the Public
- Duty to Intervene
- Racial Profiling
- Biased-Based and Fair & Impartial Policing

This class has been finalized, approved, and taught to all officers and supervisors directly involved in this incident. The class is currently in the process of being instructed Department-wide. All commissioned employees will have taken the class by the end of 2020.