

**IMPLEMENTATION OF A TACTICAL MEDICAL TRAINING PROGRAM TO
ENHANCE THE SURVIVABILITY OF OFFICERS IN THE FARMINGTON POLICE
DEPARTMENT**

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Farmington, New Mexico**

**A Staff Study Submitted to the
Northwestern University Center for Public Safety
School of Police Staff and Command
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IMPLEMENTATION OF A TACTICAL MEDICAL TRAINING PROGRAM TO ENHANCE THE SURVIVABILITY OF OFFICERS IN THE FARMINGTON POLICE DEPARTMENT

Problem

The City of Farmington Police Department (FPD) currently has 138 sworn officers and 50 civilian personnel (Annex A). According to the United States Census Bureau, the City of Farmington has a population of approximately of 41,269 people, but that population grows drastically to about 150,000 residents during the weekends because the city is the commercial hub for the four corners area, to include: New Mexico, Colorado, Utah, and Arizona (Annex B, Annex C). It also experiences a significant population influx based on the surrounding Navajo Indian Reservation (Annex B).

Across the nation, active threat situations, including active shooter, active stabber, bombing incidents, and other intentional acts directed to inflict mass casualties have been increasing (Blair & Schweit, 2014). The City of Farmington has experienced a general increase in violent crimes, as well as an increase in violent crimes against Farmington Police Officers (Annex D). Officers operate in volatile situations where violence is prevalent. Since emergency medical services cannot respond to render aid in a situation until it is secured, officers must be equipped and trained to administer urgent, potentially life-saving tactical medical treatment to themselves, other officers, and even citizens in possibly hostile environments (Brewer, 2014a).

With the exception of the Special Weapons and Tactics (SWAT) team, most FPD officers have not received medical training beyond basic first aid. The International Association of Police Chiefs (IACP) conducted a study and issued a recommendation that all officers be trained in tactical medical techniques to help preserve officer lives (Annex G). Based on the dangerous environment, propensity for injury of law enforcement officers, and the IACP recommendation, the Farmington Police Department should implement a tactical medical training program to increase survivability of its officers.

Assumptions

- Officers will continue to respond to dangerous, life-threatening situations.
- These incidents will continue to increase in the Farmington area and across the nation.
- Officers at the Farmington Police Department have insufficient tactical medical training.
- Officers do not know how to utilize items included in the medical kit.

Facts

- The Farmington Police Department is comprised of 138 sworn officers and 50 civilian personnel (Annex A).
- The Farmington Police Department issues individual first aid kits (IFAK) to all patrol officers (Annex H).
- Violent crimes increased in Farmington from 3,003 in 2014 to 3,336 in 2016 (Annex D).
- Violent crimes against Farmington Police Officers have increased over the past three years (Annex D).

Discussion

Background

The City of Farmington has experienced an increase in violent crimes, as well as an increase of crimes against police officers since 2014 (Annex D). The Federal Bureau of Investigation has noted that active shooter incidents are increasing at an exponential rate within the United States with an average of 16.4 incidents per year between 2007 and 2013, a significant increase over the average of 6.4 incidents per year between 2000 and 2006 (Blair & Schweit, 2014). According to the FBI, there were 50,212 officers assaulted nationwide in 2015, and 14,281 of those officers were injured (Annex E). As the number of violent crimes increase, especially those crimes committed against police, the potential for officer injury also increases.

After action reports from the Aurora Century 16 Theater shooting, the San Bernardino Inland Regional Center shooting, the Boston Marathon Bombing, initial reports from the Orlando night club shooting, and other incidents have emphasized the need for officers to be trained in hemorrhage control and other basic tactical medical treatment techniques to assist in the reduction of officer and citizen deaths. IACP has issued a recommendation that all officers be trained in tactical medical techniques and federal agencies, such as the Department of Homeland Security, have mandated that all of their officers be trained in tactical medical techniques, to include basic concepts of triage and mass casualty management (Annex G; Brewer, 2014a; The Interagency Board, 2015).

Comprehensive analysis has shown that injuries sustained in law enforcement are similar to wounds sustained in combat military zones. Lessons learned from law enforcement and military casualties have cited excessive, uncontrolled blood loss as the leading cause of death from traumatic injuries, followed by penetrating chest wounds, and suffocation by tongue or fluids (Brewer, 2014a). Research has demonstrated that 25 percent of victims suffering from those three conditions will die within five minutes with uncontrolled bleeding causing death within three minutes (Pearce & Goldstein, 2015).

Internal Survey

A 10 question survey was created and distributed to 100 officers at the rank of Corporal or below. The questions covered years of police service; specialty positions held, prior military service, and prior medical careers; whether the officer had been on a call where an officer, including oneself, was injured; whether they had been on a call where a citizen had been badly injured; whether the officer had been assaulted or battered in the line of duty; whether the officer carried a tourniquet or other medical supplies on their person at work; whether the officer had been trained in the application of a tourniquet, hemostatic gauze, or chest seals; and whether the officer felt confident in their ability to render self-aid, buddy-aid, or citizen aid in critical injury situation (Annex F).

A total of 80 officers responded and 65 percent had been on a call where an officer (including self) had been injured; 75 percent had been on a call where a citizen had been badly injured; 76 percent had been assaulted and/or battered on duty. Of the 80 officers that responded, 25 had military experience and received tactical medical training in the military. Without counting the 25 officers that had training in the military, 38 out of the remaining 55 officers had received

some form of training in the application of tourniquets, gauze, and other medical components. Only 21 of those 55 officers (38 percent) felt confident in their abilities to render self-aid, buddy-aid, or citizen aid in a critical injury situation.

Benefits

There are several benefits to providing tactical medical training to officers. A research study of officers that were critically injured in the line of duty showed that many of the officers did not render self-aid because they had not been trained (Brewer, 2014b). By training officers, they are more likely to carry medical supplies on their person, revert to their training when injured, and render potentially life-saving self-aid in a critical injury situation. Rendering self-aid also allows other officers to focus on neutralizing any threats instead of treating an injured officer. If necessary, officers with tactical medical training can render buddy-aid to another injured officer until medics arrive. Similarly, officers can render aid to badly injured citizens in extreme situations, to include shootings, explosions, other mass casualty events, or even car crashes.

Officers are often the first responders on scene of a mass casualty event and will likely be the only responders in any active, unsecured scene. Officers must be prepared provide life-saving immediate aid during these events. Any delay in medical treatment can prove fatal in rapid bleeding or airway obstruction situations (Russo, 2016). The Farmington Police Department would benefit from this forward thinking training and should follow the recommendations issued by IACP and federal agencies (Annex G).

Solutions

➤ Alternative I

The department could decide to maintain the status quo. FPD could choose not to provide tactical medical training to officers and officers would rely on their current skillset in a critical injury situation.

Pros

- No disruption of shift for training.
- No additional cost to the department.

Cons

- Officers will not improve their ability to render self-aid, buddy-aid, or citizen aid.
- IFAK kits will be useless in vehicles due to a lack of knowledge to utilize components.
- Department is subject to potential liability in a litigious society for failure to provide tactical medical training to officers.

Cost

- None.

➤ Alternative II

FPD could utilize a third party to train tactical medical instructors who will then train the rest of the department. Using Trilogy, FPD could host a three day on-site instructor class to train several instructors for the department. The training could also be extended to other agencies in the region, but the cost to FPD would still be a minimum of \$3,600 (Annex I).

Pros

- Professionally developed class for quality training.
- Three day course to train instructors.
- Instructors can train the rest of the department on Wednesday overlap training day.

Cons

- Class size must be between 24 – 30 students.
- Disruption to shifts for three days while students attend the instructor class.
- Must be scheduled three months in advance.

Cost

- \$450 per seat, with two free seats for hosting agency.
- No additional cost to train the rest of the department if using Wednesday overlap.

➤ Alternative III

FPD could send eight to 10 officers to the Federal Law Enforcement Training Center (FLETC) in Artesia, NM to complete the Basic Tactical Medical Instructor program for law enforcement officers. This is a three day course that teaches officers to mitigate the loss of life in active threat situations and provides instruction on hemorrhage control, tourniquet application, airway control, and other tactical life-saving techniques. There is no cost for this course (Skinner, 2017).

Pros

- No cost to the department. FLETC covers the tuition, supplies, room, and food.
- Newly trained instructors can train the rest of the department.
- Current department members have credibility in department.
- Newly trained instructors can ensure that training is provided within department policies.
- Training can be performed on Wednesday overlap training days.

Cons

- Officers attending the instructor class will be gone for five days; two days of travel and three days of instruction.
- Training might need to be scheduled across several training days to ensure training of the entire department.

Cost

- Man hours of the officers selected to attend the instructor program.
- Man hours of instructors train the rest of the department.

Conclusion

According to FBI statistics, violent crimes, as well as crimes against police officers, are on the rise nationwide (Annex E). Similarly, violent crimes have increased in the City of Farmington, as well as crimes against Farmington Police Departments, since 2014 (Annex D). Research performed by the FBI has also shown the active threat situations are exponentially on the rise

(Blair & Schweit, 2014). As violent crimes and crimes against police officers increase, so does the propensity for critical injury to officers.

After action reports from the Aurora Century 16 shooting, the San Bernardino Inland Regional Center terrorist attack, the Boston Marathon bombing, the initial reports of the Orlando Night Club shooting, and other mass casualty incidents, have identified the need for officers to be trained in tactical medical techniques. Emergency medical services were delayed entry in all of these situations. Similarly, EMS is often delayed entry into situations where officers have been shot or injured because the scene has not been secured. Additional research noted that the wounds sustained by officers and citizens in violent situations, or mass casualty incidents were similar to military combat situations and noted that officers would benefit from similar training (The Interagency Board, 2015). In 2013, IACP issued a formal recommendation that all officers be trained in tactical medical capabilities (Annex G).

A survey of 80 FPD officers showed that 93.8 percent of officers had been on a call involving a badly injured citizen and 95 percent of officers had been assaulted or battered in the line of duty. The survey results also indicated that only 38 percent of officers without military experience were confident in their ability to render life-saving self-aid, buddy-aid, or citizen aid in a critical injury situation.

Alternative I is not recommended because officers will not have the opportunity to enhance their skills and survivability in life-threatening injury situations. Additionally, this option also leaves the department open to potential liability. Alternative II is also not recommended due the manpower demands on the department to host the training and the high cost associated with it. Alternative III is the best option because it provides high quality training at no cost to the department, other than man hours; it affords officers the opportunity to improve their skills and chances of survivability in a life-threatening situation; and increases the potential to render life-saving treatment to citizens.

In accordance with IACP and federal recommendations, the Farmington Police Department should implement a tactical medical training program (Annex G). By implementing alternative III, the department could utilize FLETC to train approximately 10 officers as tactical medical instructors that, in-turn, would train the remainder of the department on overlap training days (Skinner, 2017). This would mitigate the loss of life, increase the survivability opportunities for officers of the Farmington Police Department, and benefit the citizens of the community as well.

Recommendation

In order to follow IACP and federal agency recommendations, and for the Farmington Police Department to increase the survivability opportunities for officers, the department should implement alternative III. It is the most robust solution, allowing FPD to get approximately 10 officers, or more if necessary, trained as Basic Tactical Medical Instructors through FLETC at no cost. These instructors would then train the rest of the department utilizing overlap training days to minimize departmental disruption, and ultimately improve officer skills in emergency

situations requiring life-saving medical care. An implementation guide has been included (Annex J).

X _____ () Approved () Not Approved

Steve Hebbe
Chief of Police
Farmington Police Department

Comments:

Works Cited

- Blair, P. J., & Schweit, K. W. (2014). A study of active shooter incidents in the United States between 2000 and 2013. Texas State University and Federal Bureau of Investigation. Washington, D. C.: Department of Justice. Retrieved from <https://www.fbi.gov/file-repository/active-shooter-study-2000-2013-1.pdf>
- Brewer, C. (2014a, June 10). Tactical medicine in the basic training environment. *FLETC Journal*. Retrieved from http://www.iacpnet.com/iacpnet/members/databases/core/doc_print.asp?page=315256945&g=133145&cmd=ViewGroup
- Brewer, C. (2014b, August 8). Tactical medical training. *FLETC Journal*. Retrieved from http://www.iacpnet.com/iacpnet/members/databases/core/doc_print.asp?page=315256945&g=133855&cmd=ViewGroup
- Pearce, J. D., & Goldstein, S. (2015, April). Not just for SWAT teams: The importance of training officers in tactical emergency medicine. *The Police Chief*, 82.
- Russo, C. (2016, March 1). Failure to provide personal safety equipment can come at a cost. Retrieved from <http://inpublicsafety.com/2016/03/failure-to-provide-personal-safety-equipment-can-come-at-a-cost/>
- Skinner, C. (2017, September 1). Federal Law Enforcement Training Center Master Instructor. (T. Smith, Interviewer)
- The Interagency Board. (2015). Law enforcement tactical emergency casualty care (TECC) training and individual first aid kits (IFAK) white paper. White Paper. Retrieved from http://www.emsworld.com/sites/default/files/files/base/EMS/whitepaper/2015/06/Final_Law_Enforcement_TECC_IFAK_White_Paper.pdf

Executive Summary

IMPLEMENTATION OF A TACTICAL MEDICAL TRAINING PROGRAM TO ENHANCE THE SURVIVABILITY OF OFFICERS IN THE FARMINGTON POLICE DEPARTMENT

Problem:

Violent crimes, to include active threat situations, are increasing nationwide, and crimes against police officers are increasing in the City of Farmington. As violent crimes increase, so do the chances of injury to officers and citizens. IACP and federal agencies have recommended that all police officers be trained in tactical medical techniques to enhance officer survivability. Officers have been issued individual first aid kits (IFAKs), but have not received sufficient training to reliably administer self-aid, buddy-aid, or citizen aid in a life threatening situation. Survey results showed that only 38 percent of non-military trained officers are confident in their abilities to perform life-saving aid. In order to enhance officer survivability, the Farmington Police Department should implement a tactical medical training program.

Possible Solutions: In furtherance of the implementation of a tactical medical training program for the Farmington Police Department, the following alternative solutions have been presented:

- Alternative 1: Maintain the status quo and provide no additional training in this area.
- Alternative 2: Utilize Trilogy to host a tactical medical instructor training class to train instructors that will train the remainder of the department at a minimum cost of \$3,600.
- Alternative 3: Send approximately ten officers to the Federal Law Enforcement Training Center (FLETC) Basic Tactical Medical Training program, which is entirely free, and then utilize those officers to train the remainder of the department.

Recommendation:

The Farmington Police Department should utilize alternative III to implement a tactical medical training program to increase officer survivability. By utilizing the Basic Tactical Medical Training Instructor program at FLETC, officers will receive quality training at no cost to the department. The rest of the department will then be trained by these instructors. Ultimately, this solution benefits the officers, the department as a whole, and citizens in the community. An implementation plan (Annex J) has been developed that will assist in the execution of this training program.

X _____ () Approved () Not Approved

Steve Hebbe
Chief of Police
Farmington Police Department

Comments:

ANNEXES

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Annex	B	Farmington Census Information
Annex	C	Fast Facts about Farmington
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Annex	F	Farmington Police Department Survey Results
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Annex	H	Farmington Police Vehicle Inspection Form
Annex	I	Trilogy Tactical Medical Instructor Training Program Information
Annex	J	Implementation Plan

Annex A

Shift Roster by R Number

Last Name	First Name	R No.
Noon	Daryl	R567
Monfils	Dave	R576
Lane	Brandon	R579
Graff	Michael	R583
Raybon	Clay	R584
Griego	David	R586
Tracy	Taft	R592
Solomon	Jason	R597
Nielsen	Soren	R599
Snowbarger	Martin	R606
Velarde	Roque	R612
Chavez	Heather	R614
Ronk	Dennis	R615
Flores	Reyes	R621
Flores	Pat	R622
Velth	Matt	R623
Crum	Baric	R630
Velarde	Randy	R632
Malone	Casey	R633
Delese	Michele	R634
Lalno	Josh	R635
Brozzo	Dan	R636
Paquin	Ron	R637
Rock	David	R643
Boogni	Albert	R645
Herrera	Keith	R651
Postlewait	Guy	R653
Gibbons	Richard	R655
Dowdy	Kyle	R657
Lacey	Nate	R658
Badoni	Daven	R662
Steerman	Devan	R663
Stanton	Chris	R672
King	David	R674
Smith	Tamara	R680
Gaines	Mark	R681
Karst	David	R683
Alkele	Andreas	R685
McGaha	Lisa	R691
Byers	Chad	R692
Chavez	Kris	R695
Martinez	Marcus	R700
Munroe	Stephen	R701
Stock	Jared	R703
Spruell	Travis	R705
Christensen	Zach	R707
Hill	Jeremy	R712
Griggs	Jesse	R713
Smith	Kenneth	R715
Monclova	Lill	R716
Thornburg	Jason	R718
Cox	Bryant	R722
Tafuya	Siema	R723
Genson	Misty	R725
Goodsell	Shaun	R729

Last Name	First Name	R No.
Jemmett	Benjamin	R730
Silton	Michael	R734
Jensen	Jonathan	R737
Blea	Chris	R739
Gonzales	Paul	R740
Nez	Willard	R741
Stearns	Donovan	R743
Decker	Robert	R744
Joy	George	R745
Isham	Justin	R748
Booker	Derek	R751
Wood	Jason	R753
Cole	Erich	R754
Ericksen	Greg	R755
Burns	Matthew	R756
Olsen	Martin	R758
Smith	Steve C	R762
Davis	Corban	R764
Johnston	Brian	R765
Bloomfield	Nick	R767
Ortez	Kairo	R768
Covamubias	Jonhatan	R770
Martinez	Carlos	R771
Cancino	Billy	R773
Castaneda	James	R775
Hebbe	Steve	R776
Prince	Angela	R777
Ahgrim	Justin	R778
Lillywhite	Jon	R779
Allson	Brittany	R782
Hardy	Brandon	R783
Sifuentes	Afonso	R784
Parsons	Dustin	R786
Downs	Brandon	R792
Ashburn	Dan	R793
Herrera	Chad	R794
Thornton	Jonathon	R795
Mosley	Luther	R796
Domenici	Jasper	R797
Discenza-Smith	Rachel	R799
Dryer	Justin	R801
Babadi	Navid	R802
Montano	Gibson	R805
Nichols	Justin	R806
Adegite	Nicholas	R808
Hayden	Casey	R809
Croker	Rodney	R811
Bencomo	Alvin	R812
Osborne	Meagan	R813
Jaramillo	Joseph	R814
Donaghe	Richard	R815
Elghme	Dave	R816
Weaver	Hunter	R817
Mason	Kellie	R818
Burridge	Gregory	R819

Last Name	First Name	R No.
Warman	Brandt	R820
Lamonica	Chris	R821
Prince	James	R823
Manus	Ciera	R824
Briseno	John	R825
Mead	Miles	R826
Off	Rachel	R827
Bedonle	Matthew	R829
Libicer	Garret	R830
Wood	Zackary	R831
Moore	Mark	R832
Anaya	Justin	R833
Lynch	Justin	R834
Boitano	Steven	R835
Hernandez	Ned	R836
Rodriguez	Victor	R837
Malouff	Samantha	R838
Piersall	Jean	R839
Graff	Ethan	R840
Detsol	Dominic	R841
Dennis	Jenny	8021
Brow	Margaret	8034
Johnson	Becky	8038
Keeling	Kristalee	8045
Manning	Jerick	8047
Diaz	Luciano	8048
Parsons	Victoria	8049
Johnston	Todd	CC018
Romero	Mark	CC019
Longhorn	Leonard	CC024
Kennedy	Marc	CC025
Bruggeman	Shirley	CC027
Mangum	Marty	CC039
McGaha	Ben	CC050
Barron	Eva	CC062
Bass	Sharon	CC070
Holiday	Sara	CC076
Hollingsworth	Cameron	CC086
Allen	Georgette	CC091
Agee	Marvin	C103
Benally	Paul	C112
Irvin	Joel	C120
Farley	Anita	C123
Morales	Candice	C125
Elkins	Shayla	C126
Maynard	Rebecca	C127
Henrie	Julie	C129
Loev	Robin	C130
Fitzgerald	Brenda	C133
Coronado	Tara	C135
Clemans	Jamie	C136
Lobato	Amanda	C138
Millinder	Kim	C139
Sinkey	Leslie-lynn	C141
Stokely	Denise	C143

Last Name	First Name	R No.
Birch	Tonya	C144
Allison	Andrea	C145
Easley	Tami	C146
Maria	Delida	C148
Ueanimatang	Matang	C149
Griego	Sara	C150
Hernandez	Lee	C151
Birch	Michael	C152
Vigli	Anita	C153
Felker	Carolyn	C154
Lozano	Denise	C155
Cummins	Stephen	C156
Henry	Alyssia	C157
Chavez	Alma	
Cumford	Caleb	
Delao	Yvonne	
Pelletier	Jarad	
Tucker	Angelina	
Bales	Stacey	
Sandoval	Amanda	

Annex B

City of Farmington United States Census Information



[U.S. Department of Commerce](#) | [Blogs](#) | [Index A-Z](#) | [Glossary](#) | [FAQs](#)

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QuickFacts
selected: Farmington city, New Mexico

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Table

<div style="display: flex; justify-content: space-between; align-items: center;"> ALL TOPICS ▼ 🔍 Farmington city, New Mexico </div>	
ℹ Population estimates, July 1, 2016, (V2016)	41,629
PEOPLE	
Population	
🔍 Population estimates, July 1, 2016, (V2016)	41,629
🔍 Population estimates base, April 1, 2010, (V2016)	45,985
🔍 Population, percent change - April 1, 2010 (estimates base) to July 1, 2016, (V2016)	-9.4%
🔍 Population, Census, April 1, 2010	45,877
Age and Sex	
🔍 Persons under 5 years, percent, July 1, 2016, (V2016)	X
🔍 Persons under 5 years, percent, April 1, 2010	8.6%
🔍 Persons under 18 years, percent, July 1, 2016, (V2016)	X
🔍 Persons under 18 years, percent, April 1, 2010	27.9%
🔍 Persons 65 years and over, percent, July 1, 2016, (V2016)	X

Annex C

Facts about Farmington, New Mexico

FAST *Facts about Farmington, New Mexico*

Farmington in the northwest corner of New Mexico is the commercial hub of the Four Corners, a growing community of 45,000 which swells to 150,000 shoppers on weekends. The metro area of about 115,000 includes Aztec and Bloomfield, Kirkland and Fruitland.

Farmington is approximately 400 miles from Phoenix, Denver, and Salt Lake City. Albuquerque and Santa Fe are 180 miles to the southeast. The Navajo Nation lies west of Farmington, The Ute Mountain Indian Reservation is to the NW, and the Southern Ute Indian and the Jicarillo Apache Reservations are to the NE.

With an altitude of 5306 feet, Farmington sits in the fertile and gas and oil rich San Juan Basin. Monthly average temperatures range from 28.6 degrees in January to 74.1 degrees in July. The area's climate is mild averaging 273 sunny days a year, with only 7.5 inches of rain and 12.3 inches of snow annually.

Retrieved from <https://farmingtonnm.org/news-media/media/story-ideas/fast-facts-about-farmington-new-mexico/>

08/25/17 1913 hours

Annex D

Farmington Police Department Violent Crime Statistics 2014 - 2016



**VIOLENT CRIME STATISTICS
JANUARY 1, 2014 THROUGH DECEMBER 31, 2016**

Offense	2014	2015	2016
Criminal Homicide	2	3	2
TOTAL	2	3	2
Rape by Force	52	62	72
Attempts to Commit Forcible Rape	6	6	1
TOTAL	58	68	73
Robbery / Firearm	6	10	6
Robbery / Knife of Cutting Instrument	2	7	8
Robbery / Other Dangerous Weapon	8	5	7
Robbery / Strong-Arm	37	18	31
TOTAL	53	40	52
Assault / Firearm	23	2	13
Assault / Knife of Cutting Instrument	55	14	40
Assault / Other Dangerous Weapon	66	18	48
Assault / Hands, Fist, Feet	51	43	87
Other Assaults / Simple	1,172	1,244	1,159
TOTAL	1,367	1,321	1,347
Burglary / Forcible Entry	169	133	187
Burglary / No Force	132	107	134
Burglary / Attempted Forcible Entry	7	4	14
TOTAL	308	244	335
Larcey	1,116	1,320	1,356
TOTAL	1,116	1,320	1,356
Motor Vehicle Theft / Autos	84	102	148
Motor Vehicle Theft / Trucks and Busses		1	3
Motor Vehicle Theft / Other	15	21	20
TOTAL	99	124	171
GRAND TOTAL	3,003	3,120	3,336

OFFICER INVOLVED CASES
JANUARY 1, 2014 THROUGH DECEMBER 31, 2016

Offense	2014	2015	2016	Total
Aggravated Assault upon a Peace Officer - 3rd Degree Felony	7	5	3	15
Aggravated Battery upon a Peace Officer - 4th Degree Felony	2	3	5	10
Assault upon a Peace Officer	34	26	46	106
Battery upon a Peace Officer	66	68	77	211
Aggravated Fleeing a Law Enforcement Officer - 4th Deg Felony	190	164	94	448
Fleeing or Attempting to Elude a Police Officer	1	6	2	9
Resisting, Evading or Obstructing an Officer	259	218	222	699

Annex E

FBI Uniform Crime Reporting Statistics Law Enforcement Officers Assaulted in 2015

Table 70							
Law Enforcement Officers Assaulted							
Region and Geographic Division, 2015							
Area	Total ¹	Rate per 100 officers	Assaults with injury	Rate per 100 officers	Number of reporting agencies	Population covered	Number of officers employed
Number of victim officers	50,212	9.9	14,281	2.8	11,961	241,382,351	507,852
NORTHEAST	7,767	7.7	2,534	2.5	2,892	44,823,303	101,011
New England	3,521	11.9	894	3.0	910	14,166,413	29,678
Middle Atlantic	4,246	6.0	1,640	2.3	1,982	30,656,890	71,333
MIDWEST	6,722	8.9	2,114	2.8	2,933	38,767,397	75,757
East North Central	2,784	7.6	989	2.7	1,218	19,474,830	36,409
West North Central	3,938	10.0	1,125	2.9	1,715	19,292,567	39,348
SOUTH	18,963	9.6	4,638	2.3	4,291	86,938,822	198,151
South Atlantic	12,520	10.3	2,601	2.1	2,076	51,053,258	121,678
East South Central	2,539	8.7	857	3.0	848	12,907,198	29,019
West South Central	3,904	8.2	1,180	2.5	1,367	22,978,366	47,454
WEST	16,760	12.6	4,995	3.8	1,845	70,852,829	132,933
Mountain	4,973	12.0	1,463	3.5	770	21,408,662	41,278
Pacific	11,787	12.9	3,532	3.9	1,075	49,444,167	91,655

¹Regional and divisional totals do not include data for Alaska which were not available for inclusion in this table.

Federal Bureau of Investigation Uniform Crime Reporting Violent Crime Statistics 2015

Crime in the United States ¹																						
by Region, Geographic Division, and State, 2014–2015																						
Area	Year	Population ²	Violent crime ³		Murder and nonnegligent manslaughter		Rape (revised definition) ⁴		Rape (legacy definition) ⁵		Robbery		Aggravated assault		Property crime		Burglary		Larceny-theft		Motor vehicle theft	
			Rate per 100,000	per 100,000	Rate per 100,000	Rate per 100,000	Rate per 100,000	Rate per 100,000	Rate per 100,000	Rate per 100,000	Rate per 100,000	Rate per 100,000	Rate per 100,000	Rate per 100,000	Rate per 100,000	Rate per 100,000	Rate per 100,000	Rate per 100,000	Rate per 100,000	Rate per 100,000	Rate per 100,000	
United States Total ^{6, 7, 8, 9}	2014	318,907,401	1,186,185	372.0	14,164	4.4	118,027	37.0	84,864	26.6	322,905	101.3	731,089	229.2	2,574.1	1,713,153	537.2	1,821.5	686,803	215.4	686,803	215.4
	2015	321,418,820	1,231,566	383.2	15,696	4.9	124,047	38.6	90,185	28.1	327,374	101.9	764,449	237.8	2,487.0	1,579,527	491.4	1,775.4	707,768	220.2	707,768	220.2
	Percent change		-3.8	-3.0	-10.8	+10.0	-5.1	-4.3	-6.3	-5.4	-1.4	+0.6	+4.6	-3.7	-2.6	-3.4	-7.8	-8.5	-1.8	-2.5	+3.1	-2.2
Northeast ⁶	2014	56,171,281	182,139	324.3	1,873	3.3	15,703	28.0	11,391	20.3	58,779	104.6	105,784	188.3	1,021,075	1,817.8	181,279	322.7	781,124	1,390.6	58,672	104.5
	2015	56,283,891	180,472	320.6	1,951	3.5	16,296	29.0	11,994	21.3	56,284	100.0	105,941	188.2	951,657	1,690.8	157,909	280.6	736,844	1,309.2	56,904	101.1
	Percent change		-0.9	-1.1	+4.2	+4.0	-3.8	+3.6	+5.3	+5.1	-4.2	-4.4	+0.1	-0.1	-6.8	-7.0	-12.9	-13.1	-5.7	-5.9	-3.0	-3.2
New England ⁶	2014	14,689,812	42,550	289.7	295	2.0	4,559	31.0	3,337	22.7	10,699	72.8	26,997	183.8	280,035	1,906.3	53,116	361.6	208,755	1,421.1	18,164	123.7
	2015	14,727,584	42,089	285.8	321	2.2	4,544	30.9	3,464	23.5	9,616	65.3	27,608	187.5	256,342	1,740.6	46,009	312.4	192,654	1,308.1	17,679	120.0
	Percent change		-1.1	-1.3	+8.8	+8.5	-0.3	-0.6	+3.8	+3.5	-10.1	-10.4	+2.3	+2.0	-8.5	-8.7	-13.4	-13.6	-7.7	-7.9	-2.7	-2.9
Connecticut ⁶	2014	3,594,762	8,575	238.5	89	2.5	794	22.1	579	16.1	3,172	88.2	4,520	125.7	69,326	1,928.5	12,017	334.3	51,195	1,424.2	6,114	170.1
	2015	3,590,886	7,845	218.5	117	3.3	773	21.5	582	16.2	2,892	80.5	4,063	113.1	65,066	1,812.0	10,053	280.0	48,675	1,355.5	6,338	176.5
	Percent change		-8.5	-8.4	+31.5	+31.6	-2.6	-2.5	+0.5	+0.6	-8.8	-8.7	-10.1	-10.0	-6.1	-6.0	-16.3	-16.3	-4.9	-4.8	+3.7	+3.8
Maine ⁶	2014	1,330,256	1,698	127.6	21	1.6	484	36.4	346	26.0	304	22.9	889	66.8	26,427	1,986.6	5,035	378.5	20,591	1,547.9	801	60.2
	2015	1,329,328	1,729	130.1	23	1.7	474	35.7	354	26.6	311	23.4	921	69.3	24,327	1,830.0	4,684	352.4	18,829	1,416.4	814	61.2
	Percent change		+1.8	+1.9	+9.5	+9.6	-2.1	-2.0	+2.3	+2.4	+2.3	+2.4	+3.6	+3.7	-7.9	-7.9	-7.0	-6.9	-8.6	-8.5	+1.6	+1.7
...	2014	6,755,124	26,689	395.1	133	2.0	2,202	32.6	1,625	24.1	6,077	90.0	18,277	270.6	125,481	1,857.6	24,951	369.4	92,226	1,365.3	8,304	122.9

	Percent change		-9.4	-11.5	-8.7	-10.7	-9.7	-11.7	+0.4	-1.9	-15.4	-17.3	-8.7	-10.7	+1.0	-1.2	+8.9	+6.5	-1.0	-3.2	+2.3	*
South Dakota	2014	853,304	2,801	328.3	23	2.7	478	56.0	336	39.4	199	23.3	2,101	246.2	16,036	1,879.3	2,817	330.1	12,209	1,430.8	1,010	118.4
	2015	858,469	3,289	383.1	32	3.7	495	57.7	441	51.4	216	25.2	2,546	296.6	16,680	1,943.0	2,960	344.8	12,332	1,459.8	1,188	138.4
	Percent change		+17.4	+16.7	+39.1	+38.3	+3.6	+2.9	+31.3	+30.5	+8.5	+7.9	+21.2	+20.5	+4.0	+3.4	+5.1	+4.4	+2.6	+2.0	+1.76	+16.9
South ^{6,7,8,9}	2014	119,795,010	491,498	410.3	6,461	5.4	44,334	37.0	31,572	26.4	128,692	104.9	315,021	263.0	*****	2,940.7	781,030	652.0	*****	2,083.2	246,220	205.8
	2015	121,182,847	506,913	418.3	7,200	5.9	46,434	38.3	33,196	27.4	126,454	104.3	316,825	269.7	*****	2,780.8	714,080	689.3	*****	1,985.1	250,172	206.4
	Percent change		+3.1	+2.0	+11.6	+10.3	+4.7	+3.5	+3.1	+3.9	+0.6	+0.5	+3.7	+2.6	+4.3	+8.4	+8.6	+9.6	+3.6	+4.7	+1.6	+0.4
South Atlantic ^{1,4,5}	2014	62,520,247	248,962	398.2	3,360	5.4	20,400	32.6	14,378	23.0	66,118	105.8	159,084	254.5	*****	2,862.1	385,780	617.0	*****	2,055.7	118,371	189.8
	2015	63,042,764	255,164	403.3	3,766	6.0	21,271	33.6	15,078	23.8	66,181	104.6	163,946	259.1	*****	2,696.2	348,966	551.5	*****	1,952.7	121,494	192.0
	Percent change		+2.5	+1.3	+12.1	+10.7	+4.3	+3.0	+4.9	+3.6	+0.1	-1.1	+3.1	+1.8	-4.7	-5.8	-9.5	-10.6	-3.9	-5.0	+2.6	+1.4
Delaware	2014	935,968	4,568	488.1	50	5.3	390	41.7	274	29.3	1,271	135.8	2,857	305.2	27,915	2,982.5	5,765	615.9	20,885	2,231.4	1,265	135.2
	2015	945,934	4,720	499.0	63	6.7	341	36.0	243	25.7	1,235	130.6	3,081	325.7	25,455	2,691.0	4,773	504.6	19,501	2,061.6	1,181	124.9
	Percent change		+3.3	+2.2	+26.0	+24.7	+12.6	-13.5	-11.3	-12.2	-2.8	-3.9	+7.8	+6.7	-8.8	-9.8	-17.2	-18.1	-6.6	-7.6	-6.6	-7.6
District of Columbia ⁷	2014	659,836	8,199	1,242.6	105	15.9	472	71.5	349	52.9	3,497	530.0	4,125	625.2	34,147	5,175.1	3,466	525.3	26,898	4,076.5	3,264	573.3
	2015	672,228	8,531	1,269.1	162	24.1	494	73.5	366	54.4	3,742	556.7	4,133	614.8	31,435	4,676.2	2,971	442.0	25,200	3,748.7	3,264	485.3
	Percent change		+4.0	+2.1	+54.3	+51.4	+4.7	+2.7	+4.9	+2.9	+7.0	+5.0	+0.2	-1.7	-7.9	-9.6	-14.3	-15.9	-6.3	-8.0	-13.7	-15.3
Florida	2014	19,905,669	91,345	458.9	607	6.0	3,147	31.2	2,209	21.9	12,786	126.6	22,415	222.0	339,146	3,358.8	78,029	772.8	233,539	2,311.1	27,758	270.8
	2015	20,271,272	93,626	461.9	1,041	5.1	7,553	37.3	5,430	26.8	21,137	104.3	63,895	315.2	570,270	2,813.2	109,268	539.0	420,341	2,073.6	40,661	200.6
	Percent change		+2.5	+0.6	+6.0	+4.1	+5.9	+4.0	+7.8	+5.8	-2.2	-4.0	+3.7	+1.8	-2.3	-4.1	-10.0	-11.6	-1.4	-3.2	+12.3	+14.9
Georgia ^{8,9}	2014	10,097,132	38,955	385.8	607	6.0	3,147	31.2	2,209	21.9	12,786	126.6	22,415	222.0	339,146	3,358.8	78,029	772.8	233,539	2,311.1	27,758	270.8
	2015	10,214,860	38,643	378.3	615	6.0	3,224	31.6	2,296	22.5	12,247	119.9	22,557	220.8	308,723	3,022.3	66,374	648.8	215,867	2,113.3	26,482	259.2
	Percent change		+1.2	-0.8	-1.9	+2.3	+0.0	+2.3	+0.4	+4.3	+0.4	-4.3	-1.1	-1.1	-1.1	-1.1	-1.1	-1.1	-1.1	-1.1	-1.1	-1.1

Maryland	2014	5,975,346	26,767	448.0	362	6.1	1,632	27.3	1,144	19.1	9,565	160.1	15,208	254.5	150,390	2,516.8	28,134	470.8	109,140	1,826.5	13,116	219.5
	2015	6,006,401	27,462	457.2	516	8.6	1,666	27.7	1,184	19.7	9,863	164.2	15,417	256.7	159,048	2,515.0	25,678	427.5	100,219	1,668.5	13,151	218.9
	Percent change		+2.6	+2.1	+42.5	+41.8	+2.1	+1.6	+3.5	+3.0	+3.1	+2.6	+1.4	+0.9	-7.5	-8.0	-8.7	-9.2	-8.2	-8.6	+0.3	-0.3
North Carolina ⁴	2014	9,940,387	32,718	329.1	498	5.0	2,432	24.5	1,738	17.5	8,411	84.6	21,377	215.1	285,498	2,872.1	79,266	797.4	192,609	1,937.6	13,623	137.0
	2015	10,042,802	34,852	347.0	517	5.1	2,684	26.7	1,939	19.3	8,825	87.9	22,826	227.3	276,183	2,750.1	74,841	745.2	187,907	1,871.1	13,435	133.8
	Percent change		+6.5	+5.4	+3.8	+2.8	+10.4	+9.2	+11.6	+10.4	+4.9	+3.9	+6.8	+5.7	-3.3	-4.2	-5.6	-6.5	-2.4	-3.4	-1.4	-2.4
South Carolina	2014	4,829,160	24,038	497.8	322	6.7	2,185	45.2	1,522	31.5	4,018	83.2	17,513	362.7	168,281	3,484.7	37,165	769.6	118,173	2,447.1	12,945	268.1
	2015	4,896,146	24,700	504.5	399	8.1	2,297	46.9	1,707	34.9	3,931	80.3	18,073	369.1	161,245	3,293.3	34,551	705.7	113,724	2,322.7	12,970	264.9
	Percent change		+2.8	+1.3	+23.9	+22.2	+5.1	+3.7	+12.2	+10.6	-2.2	-3.5	+3.2	+1.8	-4.2	-5.5	-7.0	-8.3	-3.8	-5.1	+0.2	-1.2
Virginia	2014	8,328,098	16,522	198.4	350	4.2	2,416	29.0	1,687	20.3	4,294	51.6	9,462	113.6	161,934	1,944.4	23,210	278.7	131,001	1,573.0	7,723	92.7
	2015	8,382,993	16,399	195.6	383	4.6	2,340	27.9	1,493	17.8	4,441	53.0	9,235	110.2	156,470	1,866.5	21,340	254.6	127,019	1,515.2	8,111	96.8
	Percent change		-0.7	-1.4	+9.4	+8.7	-3.1	-3.8	-11.5	-12.1	+3.4	+2.7	-2.4	-3.0	-3.4	-4.0	-8.1	-8.7	-3.0	-3.7	+5.0	+4.3
West Virginia	2014	1,848,751	5,850	316.4	84	4.5	594	32.1	417	22.6	655	35.4	4,517	244.3	38,282	2,070.7	9,368	506.7	26,954	1,458.0	1,960	106.0
	2015	1,844,128	6,231	337.9	70	3.8	672	36.4	420	22.8	760	35.0	4,729	256.4	37,251	2,020.0	9,170	497.3	25,842	1,401.3	2,239	121.4
	Percent change		+6.5	+6.8	-16.7	-16.5	+13.1	+13.4	+0.7	+1.0	+16.0	+16.3	+4.7	+5.0	-2.7	-2.4	-2.1	-1.9	-4.1	-3.9	+14.2	+14.5
East South Central ⁶	2014	18,800,250	78,542	417.8	1,068	5.7	7,238	38.5	5,161	27.5	17,718	94.2	52,518	279.3	541,794	2,881.8	133,845	711.9	374,310	1,991.0	33,639	178.9
	2015	18,876,703	81,282	430.6	1,222	6.5	7,410	39.3	5,281	28.0	17,686	93.7	54,964	291.2	519,694	2,753.1	125,561	665.2	358,903	1,901.3	35,230	186.6
	Percent change		+3.5	+3.1	+14.4	+14.0	+2.4	+2.0	+2.3	+1.9	-0.2	-0.6	+4.7	+4.2	-4.1	-4.5	-6.2	-6.6	-4.1	-4.5	+4.7	+4.3
Alabama	2014	4,846,411	20,727	427.7	276	5.7	2,005	41.4	1,425	29.4	4,702	97.0	13,744	289.6	154,087	3,179.4	39,723	819.6	104,223	2,150.5	10,141	209.2
	2015	4,858,979	22,952	472.4	348	7.2	2,039	42.0	1,456	30.0	4,611	94.9	15,954	328.3	144,746	2,978.9	35,255	795.6	104,156	2,040.7	10,335	212.7
	Percent change		+10.7	+10.4	+26.1	+25.8	+1.7	+1.4	+2.2	+1.9	-1.9	-2.2	+16.1	+15.8	-6.1	-6.3	-11.2	-11.5	-4.9	-5.1	+1.9	+1.6

Kentucky	2014	4,412,617	9,495	215.2	164	3.7	1,556	35.3	1,098	24.9	3,343	75.8	4,432	100.4	99,909	2,264.2	23,426	530.9	70,108	1,588.8	6,375	144.5
	2015	4,425,092	9,676	218.7	209	4.7	1,492	33.7	997	22.5	3,307	74.7	4,668	105.5	96,362	2,177.6	22,260	503.0	66,320	1,498.7	7,782	175.9
	Percent change		+1.9	+1.6	+27.4	+27.1	-4.1	-4.4	-9.2	-9.5	-1.1	-1.4	+5.3	+5.0	-3.6	-3.8	-5.0	-5.2	-4.4	-5.7	+22.1	+21.7
Mississippi ⁶	2014	2,993,443	8,331	278.3	259	8.7	1,082	36.1	768	25.7	2,405	80.3	4,585	153.2	86,887	2,902.6	23,898	798.3	58,515	1,954.8	4,474	149.5
	2015	2,992,333	8,254	275.8	259	8.7	1,203	40.2	862	28.8	2,294	76.7	4,498	150.3	84,790	2,833.6	24,799	828.8	55,748	1,863.0	4,243	141.8
	Percent change		-0.9	-0.9	0.0	*	+11.2	+11.2	+12.2	+12.3	-4.6	-4.6	-1.9	-1.9	-2.4	-2.4	-3.8	+3.8	+3.8	-4.7	-4.7	-5.2
Tennessee	2014	6,547,779	39,989	610.7	369	5.6	2,595	39.6	1,870	28.6	7,268	111.0	29,757	454.5	200,911	3,068.4	46,798	714.7	141,464	2,160.5	12,649	193.2
	2015	6,600,299	40,400	612.1	406	6.2	2,676	40.5	1,966	29.8	7,474	113.2	29,844	452.2	193,79							

	Percent change	+2.8	+2.0	+30.0	+28.9	-0.7	-1.5	-0.7	-1.5	-2.2	-3.0	+4.4	+3.6	-3.9	-4.7	-5.2	-6.0	-3.5	-4.3	-2.9	-3.7	
Texas	2014	26,979,078	109,711	406.7	1,192	4.4	11,636	43.1	8,400	31.1	31,021	115.0	65,862	244.1	813,515	3,015.4	168,085	623.0	577,018	2,138.8	68,412	253.6
	2015	27,469,114	113,227	412.2	1,316	4.8	12,250	44.6	8,925	32.5	31,934	116.3	67,727	246.6	777,739	2,831.3	153,054	557.2	557,200	2,028.5	67,485	245.7
	Percent change	+3.2	+1.4	+10.4	+8.4	+5.3	+4.4	+6.3	+4.4	+2.9	+1.1	+2.8	+1.0	-4.4	-6.1	-8.9	-10.6	-3.4	-5.2	-1.4	-3.1	
West ^{4,5}	2014	75,179,041	280,111	372.6	2,907	3.9	29,420	39.1	21,243	28.3	77,246	102.7	170,638	226.8	2,724.8	418,163	856.2	1,825.4	258,027	343.2		
	2015	76,044,679	302,216	397.4	3,167	4.2	31,355	41.2	23,106	30.4	82,663	108.7	185,031	243.3	2,799.7	401,849	828.4	1,899.8	281,482	371.5		
	Percent change	+6.7	+7.9	+6.7	+8.9	+7.7	+6.6	+5.4	+8.8	+7.8	+7.0	+5.8	+8.5	+7.3	+3.9	+2.7	-3.9	-5.0	+8.3	+4.1	+9.5	+8.2
Mountain ^{6,7}	2014	23,195,079	87,823	378.6	884	3.8	12,123	52.3	8,749	37.7	19,073	82.2	55,743	240.3	650,561	2,804.7	130,793	563.9	461,714	1,990.6	58,054	250.3
	2015	23,530,498	94,878	403.2	918	3.9	12,784	54.3	9,311	39.6	20,242	86.0	60,934	259.0	661,861	2,812.8	125,048	531.4	470,563	1,999.8	66,250	281.3
	Percent change	+8.0	+6.5	+3.8	+2.4	+5.5	+3.9	+6.4	+4.9	+6.1	+4.6	+9.3	+7.8	+1.7	+0.3	-4.4	-5.8	+1.9	+0.5	-14.1	+12.5	
Arizona	2014	6,728,783	26,422	392.7	311	4.6	3,272	48.6	2,356	35.0	6,225	92.5	16,614	246.9	213,406	3,171.5	43,412	645.2	152,683	2,269.1	17,311	257.3
	2015	6,828,065	28,012	410.2	309	4.5	3,108	45.5	2,294	33.6	6,360	93.1	18,235	267.1	207,107	3,033.2	37,957	555.9	152,365	2,231.5	16,785	245.8
	Percent change	+6.0	+4.5	-0.6	-2.1	-5.0	-6.4	-2.6	-4.0	-2.2	+0.7	+9.8	+8.2	-3.0	-4.4	-12.6	-13.8	-0.2	-1.7	-3.0	-4.4	
Colorado	2014	5,355,588	16,487	307.8	150	2.8	3,089	57.7	2,236	41.8	3,037	56.7	10,211	190.7	135,789	2,535.5	23,502	438.8	99,688	1,861.4	12,599	235.2
	2015	5,456,574	17,515	321.0	176	3.2	3,257	59.7	2,377	43.6	3,323	60.9	10,759	197.2	144,136	2,641.5	23,454	429.8	104,682	1,918.5	16,000	293.2
	Percent change	+6.2	+4.3	+17.3	+15.2	+5.4	+3.5	+6.3	+4.3	+9.4	+7.4	+5.4	+3.4	+6.1	+4.2	-0.2	-2.1	+5.0	+3.1	+2.7	+20.6	
Idaho	2014	1,634,806	3,439	210.4	32	2.0	645	39.5	463	28.3	203	12.4	2,559	156.5	30,440	1,862.0	6,466	395.5	22,297	1,363.9	1,677	102.6
	2015	1,654,930	3,568	215.6	32	1.9	694	41.9	533	32.2	192	11.6	2,650	160.1	28,858	1,743.8	6,124	370.0	20,863	1,260.7	1,871	113.1
	Percent change	+3.8	+2.5	0.0	-1.2	+7.6	+6.3	+15.1	+13.7	-5.4	-6.6	+9.6	+2.3	-5.2	-6.3	-5.3	-6.4	-6.4	-7.6	-11.6	+10.2	
Montana	2014	1,023,252	3,361	328.5	38	3.7	558	54.5	396	38.7	202	19.7	2,563	250.5	25,525	2,494.5	3,639	355.6	19,826	1,937.5	2,060	219.3
	2015	1,032,949	3,611	349.6	36	3.5	547	53.0	431	41.7	210	20.3	2,818	272.8	27,100	2,623.6	3,838	371.6	20,844	2,017.9	2,418	234.1
	Percent change	+0.9	+7.4	+6.4	-5.3	-6.2	-2.0	-2.9	+8.8	+7.8	+4.0	+3.0	+9.9	+8.9	+6.2	+5.2	+5.5	+4.5	+5.1	+4.1	+17.4	+16.3

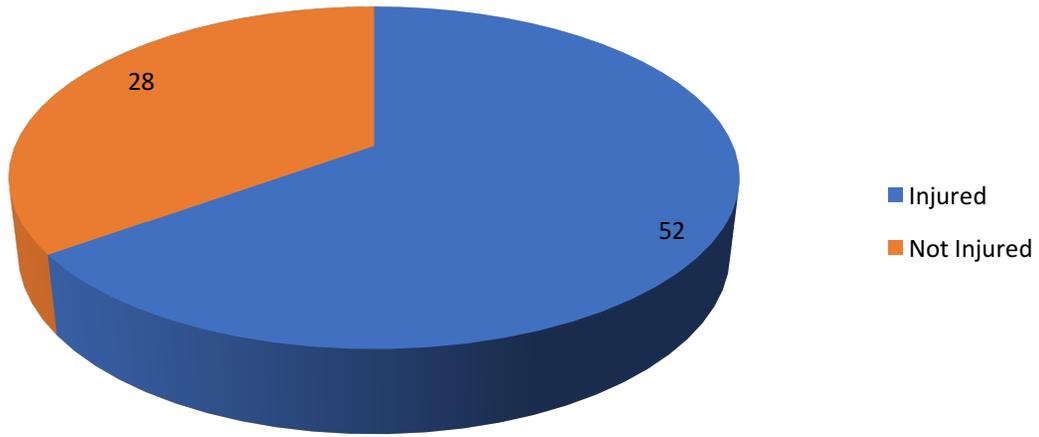
Nevada	2014	2,838,281	18,043	635.7	170	6.0	1,357	47.8	987	34.8	5,954	209.8	10,562	372.1	74,574	2,627.4	21,924	772.4	42,466	1,496.2	10,184	358.8
	2015	2,890,845	20,118	695.9	178	6.2	1,688	58.4	1,238	42.8	6,287	217.5	11,965	413.9	77,137	2,668.3	22,360	773.5	43,426	1,515.2	11,351	392.7
	Percent change	+11.5	+9.5	+4.7	+2.8	+24.4	+22.1	+25.4	+23.1	+5.6	+3.7	+13.3	+11.2	+3.4	+1.6	+2.0	+0.1	+2.3	+0.4	+11.5	+9.4	
New Mexico ⁸	2014	2,085,567	12,465	597.7	101	4.8	1,481	71.0	1,070	51.3	2,086	100.0	8,797	421.8	73,877	3,542.3	18,505	887.3	49,082	2,353.4	6,290	301.6
	2015	2,085,109	13,661	656.1	117	5.6	1,672	80.2	1,215	58.3	2,485	119.2	9,407	451.2	77,094	3,697.4	17,085	819.4	51,483	2,469.1	8,236	408.9
	Percent change	+9.8	+9.8	+15.8	+15.9	+12.9	+12.9	+13.6	+13.6	+19.1	+19.2	+6.9	+7.0	+4.4	+4.4	-7.7	-7.7	+4.9	+4.9	+35.5	+35.6	
Utah ⁹	2014	2,944,498	6,464	219.5	66	2.2	1,547	52.5	1,114	37.8	1,313	44.6	3,538	120.2	85,473	2,902.8	11,656	395.9	66,487	2,258.0	7,330	248.9
	2015	2,995,919	7,071	236.0	54	1.8	1,645	54.9	1,098	36.6	1,326	44.3	4,046	135.1	89,278	2,980.0	12,468	416.2	68,103	2,273.2	8,707	290.6
	Percent change	+9.4	+7.5	-18.2	-19.6	+6.3	+4.5	-1.4	-3.1	+1.0	-0.7	+14.4	+12.4	+4.5	+2.7	+7.0	+5.1	+2.4	+0.7	+18.8	+16.7	
Wyoming	2014	584,304	1,142	195.4	16	2.7	174	29.8	127	21.7	53	9.1	899	153.9	11,477	1,964.2	1,689	289.1	9,185	1,572.0	603	103.2
	2015	586,107	1,302	222.1	16	2.7	173	29.5	125	21.3	59	10.1	1,054	179.8	11,151	1,902.6	1,762	300.6	8,797	1,500.9	592	101.0
	Percent change	+14.0	+13.7	0.0	-0.3	-0.6	-0.9	-1.6	-1.9	+11.3	+11.0	+17.2	+16.9	-2.8	-3.1	+4.3	+4.0	-4.2	-4.5	-1.8	-2.1	
Pacific ¹⁰	2014	51,983,962	192,288	369.9	2,023	3.9	17,297	33.3	12,494	24.0	58,173	111.9	114,795	220.8	2,689.2	287,360	552.8	910,615	1,751.7	199,973	384.7	
	2015	52,514,181	207,338	394.8	2,249	4.3	18,571	35.4	13,794	26.3	62,421	118.9	124,097	236.3	2,793.8	276,801	527.1	974,121	1,855.0	216,232	411.8	
	Percent change	+7.8	+6.7	+11.2	+10.0	+7.4	+6.3	+10.4	+9.3	+7.3	+6.2	+8.1	+7.0	+5.0	+3.9	-3.7	-4.6	+7.0	+5.9	+8.1	+7.0	
Alaska	2014	737,046	4,684	635.5	41	5.6	771	104.6	553	75.0	629	85.3	3,243	440.0	20,334	2,758.9	3,150	427.4	15,445	2,095.5	1,739	235.9
	2015	738,432	5,392	730.2	59	8.0	901	122.0	650	88.0	761	103.1	3,671	497.1	20,806	2,817.6	3,511	475.5	15,249	2,065.1	2,046	277.1
	Percent change	+15.1	+14.9	+43.9	+43.6	+16.9	+16.6	+17.5	+17.3	+21.0	+20.8	+13.2	+13.0	+2.3	+2.1	+11.5	+11.3	-1.3	-1.5	+17.7	+17.4	
California	2014	38,792,291	153,763	396.4	1,700	4.4	11,578	29.8	8,389	21.6	48,681	125.5	91,804	236.7	947,193	2,441.7	202,669	522.4	592,673	1,527.8	151,851	391.4
	2015	39,144,818	166,883	426.3	1,861	4.8	12,811	32.7	9,387	24.0	52,862	135.0	99,349	253.8	2,618.3	197,404	504.3	656,517	1,677.1	170,993	436.8	
	Percent change	+8.5	+7.6	+9.5	+8.5	+10.6	+9.7	+11.9	+10.9	+8.6	+7.6	+8.2	+7.2	+8.2	+7.2	-2.6	-3.5	+10.8	+9.8	+12.6	+11.6	

California	2015	39,144,818	166,883	426.3	1,861	4.8	12,811	32.7	9,387	24.0	52,862	135.0	99,349	253.8	2,618.3	197,404	504.3	656,517	1,677.1	170,993	436.8	
	Percent change	+8.5	+7.6	+9.5	+8.5	+10.6	+9.7	+11.9	+10.9	+8.6	+7.6	+8.2	+7.2	+8.2	+7.2	-2.6	-3.5	+10.8	+9.8	+12.6	+11.6	
	2014	1,420,257	3,362	236.7	20	1.4	548	38.6	388	27.3	952	67.0	1,842	129.7	46,022	3,240.4	7,470	526.0	33,003	2,323.7	5,549	390.7
Hawaii	2015	1,431,603	4,201	293.4	19	1.3	561	39.2	400	27.9	1,203	84.0	2,418	168.9	54,346	3,796.2	6,557	458.0	42,010	2,934.5	5,779	403.7
	Percent change	+25.0	+24.0	-5.0	-5.8	-2.4	-1.6	+3.1	+2.3	+26.4	+25.4	+31.3	+30.2	+18.1	+17.2	+12.2	+12.9	+27.3	+26.3	+4.1	+3.3	
	2014	3,971,202	10,294	259.2	84	2.1	1,620	40.8	1,165	29.3	2,270	57.2	6,320	159.1	123,142	3,100.9	18,690	470.6	94,177	2,371.5	10,275	258.7
Oregon ¹¹	2015	4,028,977	10,468	259.8	99	2.5	1,593	39.5	1,164	28.9	2,146	53.3	6,630	164.6	118,719	2,946.6	18,336	455.1	89,836	2,229.7	10,547	261.8
	Percent change	+1.7	+0.2	+17.9	+16.2	-1.7	-3.1	-0.1	-1.5	-5.5	-6.8	+4.9	+3.4	-3.6	-5.0	-1.9	-3.3	-4.6	-6.0	+2.6	+1.2	

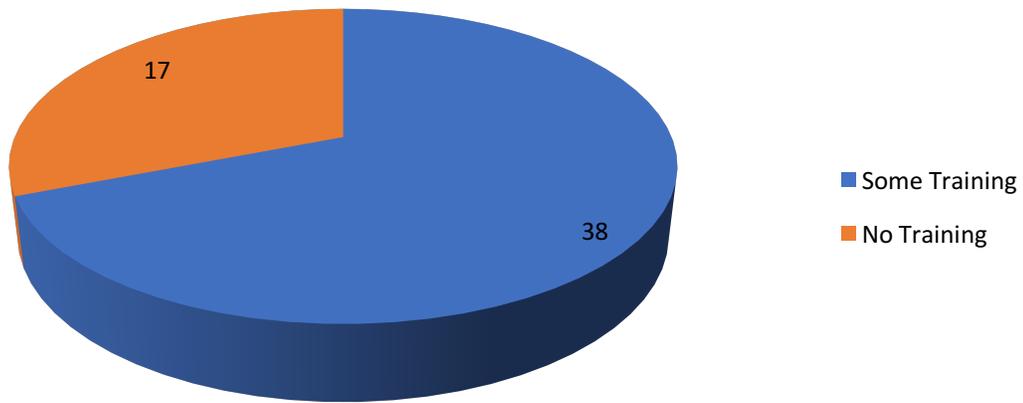
Annex F

Farmington Police Department Internal Survey Results

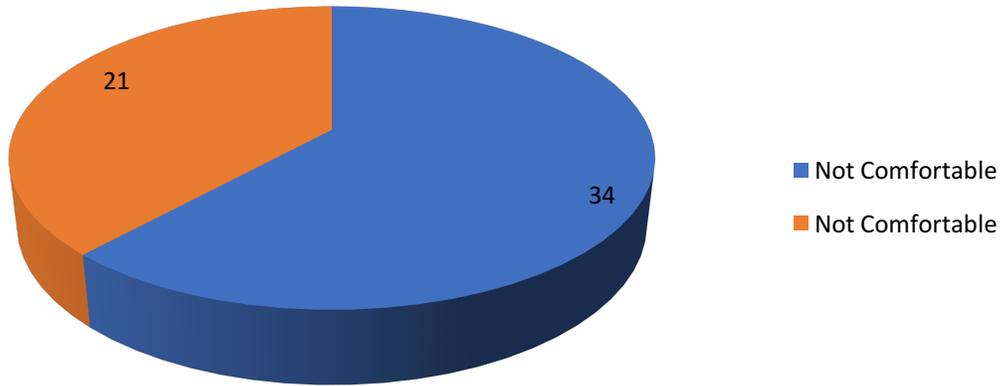
FPD Officers Injured in the Line of Duty



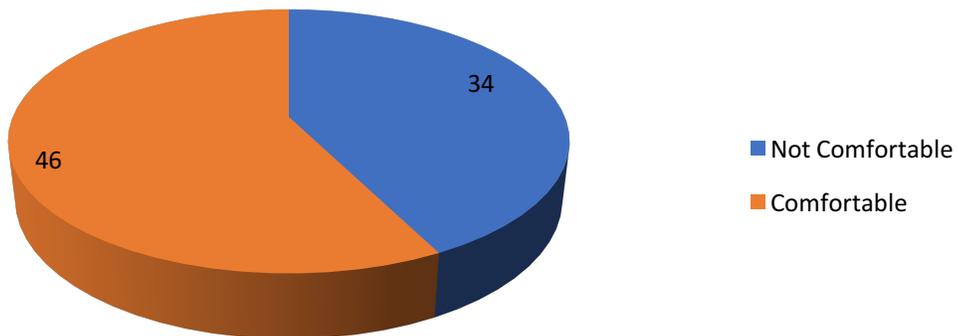
Non-Military Officers with Some Tourniquet/First Aid Training

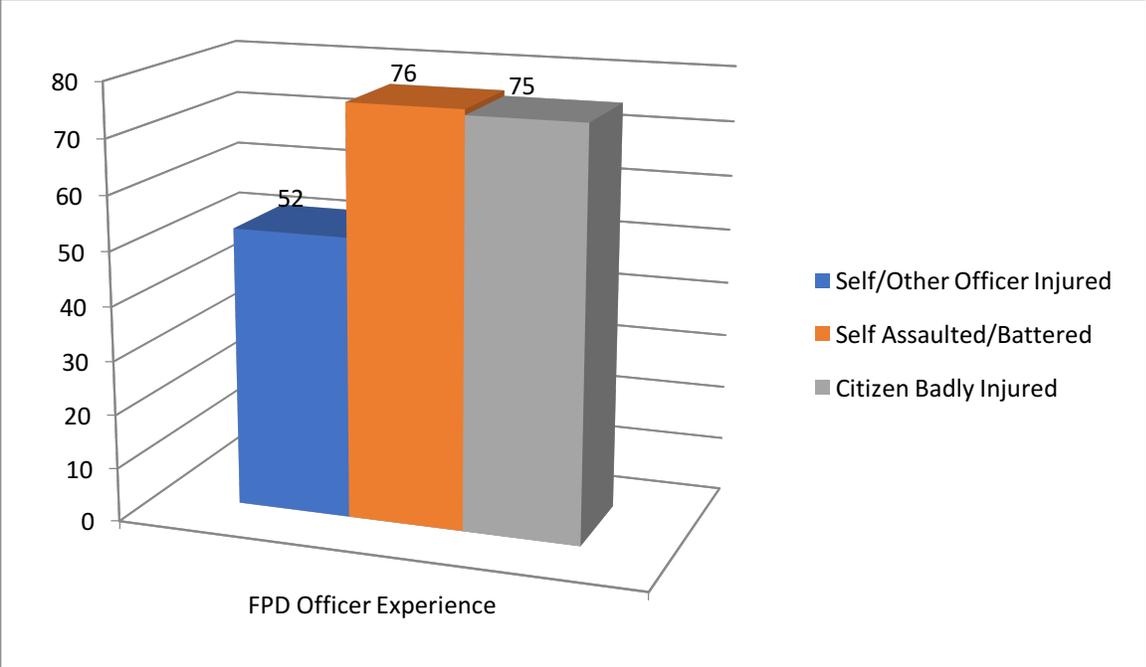


FPD Officers Comfortable Administering Life-Saving Medical Care (Non-Military)



FPD Officers Comfortable Administering Life-Saving Medical Care (Military Trained Included)





Annex G

International Association of Chiefs of Police
Tactical Emergency Medical Training for Law Enforcement Personnel Recommendation



INTERNATIONAL ASSOCIATION of CHIEFS OF POLICE
Serving the Leaders of Today,
Developing the Leaders of Tomorrow

Tactical Emergency Medical Training for Law Enforcement Personnel

Adopted at the 120 Annual Conference
Philadelphia, Pennsylvania
October 23, 2013

Tactical Emergency Medical Training for Law Enforcement Personnel
Submitted by: Police Physicians Section

*Co-Sponsors: Patrol and Tactical Operations Committee and SACOP
SafeShield
Committee
PPS.001.t13*

WHEREAS, law enforcement is typically the initial first responder to emergency medical situations, whether accidental or criminal in nature; and

WHEREAS, tactical, high risk police situations introduce unique challenges to law enforcement to provide emergency medical care, as EMS personnel will frequently not be on scene for prolonged periods of time while threat assessment/mitigation takes place (e.g. active shooter, bombing, terrorist events); and

WHEREAS, in such situations the law enforcement officer may be the only resource for emergency medical care for injured law enforcement personnel, or for the victims of a mass casualty incident, until the injured can be safely transferred to EMS; and

WHEREAS, annual statistics of line-of-duty felonious life threatening injuries and deaths demonstrate the necessity for the law enforcement officer to be capable to provide self-aid or buddy-aid for colleagues; and

WHEREAS, based on clinical experience from the military in tactical combat casualty care, with consensus of medical and surgical experts in tactical medicine, that early and rapid intervention including hemorrhage control at the point of wounding is lifesaving and improves the chance for survival; and

WHEREAS, IACP recently published three Training Keys on emergency trauma care; and

WHEREAS, the IACP Center for Officer Safety and Wellness' mission is to instill a culture of safety and wellness in international policing and first responder training for law enforcement personnel is a preventative measure in concert with this mission, now, therefore, be it

RESOLVED, that the International Association of Chiefs of Police duly assembled at its 120th Annual Conference in Philadelphia, Pennsylvania recommends that every law enforcement officer should receive tactical emergency medical training including critical core skills of early, life-threatening hemorrhage control and rapid evacuation of mass casualty victims to a casualty collection point. Tactical emergency medical skills are critical life-saving interventions in the officer-down situation, whether as officer applied self-aid or aid given to a fellow officer, or to victims of a mass casualty situation such as an active shooter or bombing event. Specific elements of training are the purview of each agency depending on availability of resources and training programs.

Annex H

Farmington Police Department Vehicle Inspection Form Showing IFAK Kit Required

Unit: _____ Operator: _____ R#/C#: _____ Date: _____

Record Any Issues at Bottom of Form

Equipment	Pass:	Fail:	N/A:
1) Emergency Lights (including perimeter: eg. grille, push bumper, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Siren and Horn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Headlights (check high and low beams, wig-wags if equipped)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Turn signals, Hazard Lights, Brake and Reverse Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Spotlight, Alley Lights, Takedowns and Scene (if equipped)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Police Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Radar and Forks or Lidar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Flashlight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) MDT/Aircard/MDT Desk (laptop secure, does not block air bag)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) TraCS Printer and Scanner (functional, adequate paper supply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) In-Car Camera and Microphone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Blackout System/Brake Kill (if equipped)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) Weapon Locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) Instrument Cluster (all gauges operational)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) Seat Belts (fully functional, front and rear)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16) Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17) Windows and Windshield	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18) Windshield Wipers and Washer Fluid Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19) Fluid Levels: <input type="checkbox"/> Oil <input type="checkbox"/> Transmission Fluid <input type="checkbox"/> Brake Fluid <input type="checkbox"/> Coolant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20) Belts and Hoses (visual check for cracks and wear)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21) Tires and Wheels (check inflation and for damage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22) Spare Tire and Jack (check inflation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23) Fire Extinguisher (gauge in green, pin in place, inspected within a year)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24) First Aid Kit and IFAK Kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25) Traffic Vest and Road Flares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26) Evidence Bags and Crime Scene Tape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27) Blanket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28) Stop Sticks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29) Exterior Body Condition (dents, deep scratches, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30) Overall Cleanliness of Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31) Documentation: <input type="checkbox"/> Tow Log <input type="checkbox"/> Traffic Citations <input type="checkbox"/> Municipal Citations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> DWI Citations <input type="checkbox"/> FAN <input type="checkbox"/> DV Packets <input type="checkbox"/> Agreements to Appear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#: _____ Issue: _____

Current Mileage: _____ Next Service Due: _____ Date Due: _____

Operator Signature: _____ Supervisor Signature _____ R#/C# _____

Annex I

Trilogy Training Information

GENERAL HOSTING INFORMATION

Our Street Medicine Instructor (Train the Trainer) programs are specifically designed for the law enforcement officer and can be conducted at even the most modest of classroom and training facilities. Upon completion of the program the Street Medicine Instructor will be able to provide tactical medical training appropriate for the law enforcement responder level. Note: This is not a replacement for Tactical Paramedics nor does Trilogy advocate replacement of the Tactical Paramedic. Training received in this course should be considered an effective medical force multiplier.

Assuming one's classroom and range are suitable, our schools can be conducted at any facility at no cost whatsoever to the hosting organization. We provide the training staff, manuals, program materials and training equipment and supplies.

OPEN ENROLLMENT SCHOOLS

The most common type of school we conduct, an "*Open Enrollment*" school is one in which a host agency or organization has agreed to provide the use of their classroom and training facility for an openly advertised school. Open enrollment schools are typically scheduled 3 months out for advertising purposes and to permit interested officers ample time to complete the registration process.

CLASS SIZE

The optimal class size for an "*Open Enrollment*" school is approximately 24 – 30. Class sizes are dictated by the hosting agency's classroom limitations to ensure a safe and effective school. Maximum class sizes set will always include the host's complimentary seats.

HOST COMPENSATION

As compensation for the use of their facilities hosting agencies or organizations are provided with complimentary seats in the class. The host is provided two (2) complimentary seats per class. In addition, hosting agencies may purchase additional seats at the discounted rate of \$450 per seat.

STUDENT TUITION PAYMENTS & OTHER FEE'S

Course tuition to attend any "*Open Enrollment*" school is \$750 per student, and will be collected by Trilogy at the time application to attend is made. To maximize attendance we offer the following discounts. An agency purchasing two (2) seats will receive the third seat free, or an agency purchasing three (3) seats will receive the fourth and fifth seat free. This discount allows an agency to send multiple personnel for training at a reduced student price.

CANCELLATION POLICY

Trilogy makes every effort to avoid cancelling scheduled schools whenever possible. We realize natural disasters, low enrollment numbers and other unforeseen events may require the cancelling of a school from time to time. For this reason any "*Open Enrollment*" school is considered to be an "*At Will*" agreement that may be cancelled by Trilogy and/or the host at any time. Trilogy assumes no responsibility for any expenses incurred by any student applicant or hosting agency, other than the refund of course tuition, in the event a school is cancelled by either party.

Approximately 2 weeks prior to a schools commencement date Trilogy will review student registration numbers and reserves the right to cancel said school for a lack of students.

CLOSED ENROLLMENT SCHOOLS

A "Closed Enrollment" school is one which a host agency or organization has contracted a flat fee with Trilogy to conduct a school for a specific group of eligible students, (usually their own agency personnel). This type of school is not advertised openly and is, in general, not open to outside persons. Closed enrollment schools can typically be scheduled with less lead time, many times in as little as 4 weeks depending on the schools particular location. Trilogy will conduct "Closed Enrollment" schools for a flat fee of \$10,500 for up to 24 students within the continental U.S. Custom pricing for classes outside of the continental U.S., for class sizes larger than 20 or for more than one school is available upon request.

HOSTING REQUEST PROCEDURE

To host the Street Medicine Instructor (Train the Trainer) program complete the 2-page "Host Request Form" at the end of this section. It is best to select a school date 3 months out to allow for adequate advertising time. If you have questions about the training or scheduling of dates, please contact the Training Manager at 813-567-1099 or at training@trilogyhse.com.

Please complete all sections, print clearly and include complete addresses with zip codes as information on this form will be used for the shipping of materials and as well as be provided to all registered students.

Send your completed "Host Request Form" to:

TRILOGY TACTICAL

Tactical Medicine Division
training@trilogyhse.com
866-847-9802 FAX

Once received, reviewed and approved, your school will be assigned to an Tactical Medicine Division staff member who will be your school coordinator and liaison and be responsible for the registration of attendees. You will also receive email confirmation from the Training Manager of your assigned school coordinator and confirming for you the scheduling of your school.

Your assigned school coordinator will be responsible for taking the information you've provided in your "Host Request Form" and creating a "School Announcement" and "Student Information Packet" that will have your classroom and training facility information incorporated into it. You will be emailed a master copy of this document for you to photocopy and distribute as needed to your local area law enforcement agencies or other interested individuals as requested of you. All registered students will also receive a copy of this.

SCHOOL RESPONSIBILITIES

TRILOGY AGREES TO BE RESPONSIBLE FOR:

- Nationally advertising your school on the Trilogy website and within various outside law enforcement related websites & periodicals, (*"Open Enrollment" schools only*);
- Handling all aspects of student registration to include processing of tuition payments;
- Providing Trilogy Staff Instructors to instruct the school;
- Creating and disseminating school announcements and student information packets to any prospective student(s);
- Providing all manuals, handout materials and targets to be used for the week to include shipping expenses;
- Providing course completion certificates at the end of the week to all students successfully completing the school.

The hosting agency agrees to the following:

- Providing a liaison person to be present throughout the school and who will serve as the local contact point for students and Trilogy Staff prior to and during the school. If possible, the host liaison should be available to meet with the Trilogy Staff for an hour or two on the day prior to the commencement of school to facilitate classroom and range set up. The host liaison should also be available to assist Trilogy Staff with any other reasonable requests as necessary.
- Regionally advertising the school by sending out "*Training Opportunity Notifications*" via fax, email or other state law enforcement computer networks, (as permitted), to local area law enforcement agencies, trainers and/or officers and provide "*School Announcements*" and/or "*Student Information Packets*" as requested to any eligible individuals inquiring.
- Receiving, confirming receipt and securely storing of all Trilogy training materials shipped to your facility from Trilogy and other outside vendors;
- Arranging for all training materials to be available to Trilogy Staff on the day prior the start of the school;
- Assist, as needed, in the return shipping of materials back to Trilogy Staff at the conclusion of the school, (*Note: All shipping costs will be incurred by TRILOGY TACTICAL.*)

CLASSROOM REQUIREMENTS AND EQUIPMENT

A convenient, secure and comfortable classroom, protected from the elements is the key to providing students with an environment conducive to learning. The following are our minimum classroom requirements:

- A climate controlled classroom with sufficient chairs and desks/tables large enough to comfortably accommodate the class and is capable of being secured is required. The classroom should be located in close proximity to outdoor training area to facilitate a timely transition from classroom activities to range activities with a minimum of downtime. **It is necessary for the classroom to be reserved for the exclusive use of the Trilogy Tactical for the duration of this training as weather and other environmental factors may require changes to the daily schedule.**
 - Chalkboard or dry-erase board with chalk and/or markers.
-

Annex J

Tactical Medical Training Program Implementation Plan

DATE	ASSIGNMENT	ASSIGNED TO	DUE
11/7/17	Meet with training unit	Sgt. Isham	11/10/17
11/11/17	Develop policy	Sgt. Karst	11/30/17
12/02/17	Schedule officers for FLETC training	Sgt. Isham	12/15/17
04/30/18	Send officers to FLETC training	Sgt. Isham	05/03/17
05/10/18	Develop internal training program	Instructors trained by FLETC	05/24/17
05/30/18	Train officers	Instructors trained by FLECT	06/27/17