



ICMS #: 2021-0186

March 12, 2021

Complaint: The complainant, [REDACTED], alleges: REGARDING: Incident Report # [REDACTED] [REDACTED] Date: [REDACTED] apprx [REDACTED] Domestic Violence with visible multiple potentially life critical injuries — including choking and multiple closed-fist concussions to the head — wherein I was the victim but was instead denied medical care and arrested instead of my attacker. It is my opinion that at least the 2 Senior officers deliberately exercised willful prejudice and discrimination against me and committed more effort toward retaliating and making me pay for an opinion about one of the Senior officers I shared, than they committed toward ferreting out the truth and protecting me, my life and my safety. Retaliation: The comment I made related to the fact that I felt unsafe with one of them because I believed he to be an abuser — possibly sexual abuser — as well. Discrimination: I have an invisible disability which they were informed of whereas my abuser — in addition to his mental disability — possesses a visible disability. Denied me medical care for potentially life threatening injuries: While I initially expressed fear about going to the ER, I also expressed it was because I was afraid of the bill and NOT because I did not wish to be treated for my injuries. I never once alluded to the notion that I did not want care. In fact I was wanting it and hoping they could offer options regarding the billing and/or compensation in order to allay my fears about expenses but they cut me off instead. In fact I later clearly requested I wanted to go to the ER but was denied. Furthermore I explained to them that I was choked and repeatedly hit all over in the head with fists, a cane and also had my head repeatedly slammed into the solid core door. These are injuries that are classified as serious enough by professionals that they advise domestic violence units that such injuries warrant immediate medical care and observation for at least 48 hours. Additionally these injuries are classified as the two most common causes of death in domestic violence situations. Medics, first responders and police jailers etc. are advised to take these injuries seriously and to monitor the injured person for at least 48 hours. I explained that I saw stars on multiple occasions during the attack. And while I cannot know if I passed out or not because One would need a witness for that, the fact is that multiple concussions incurred within a matter of seconds and minutes combined with choking is considered a life threatening situation and is therefore enough for an officer to grant me medical care. The statistics speak for themselves. Secondly, the 2 Senior officers did not fact check my abuser's allegations and defenses with me. In other words they only took his word for it and did not bother to ask me or even the third officer who was with me. The two Senior officers were more preoccupied with trying to find some purported evidence of injury on my attacker than they were with addressing my serious and visible injuries. They actively disregarded my visible and serious head and choke marks in lieu of searching with disproportionate interest for any kind of mark on my abuser — ultimately alleging he had a scratch on his ear. Only the third lower level officer who stayed with me seemed to take at least some heed to my multiple concussions when I suddenly felt faint and stricken with extreme heat and falling asleep. He tried to get me to stay awake. All my attacker had to say for a defense was that I hit myself. Well the fact is my abuser hit me and gave me those injuries. However, it should be noted that a life threatening injury is a life threatening injury that warrants and deserves immediate medical attention regardless of whom inflicted it. The 2 Senior officers did not fact check my abuser's false defense with me. They did not take into account my



defense wounds and choke marks and bloodshot eyes. Additionally they were more preoccupied with an alleged scratch found on my attacker's ear. Furthermore, the officers negated pertinent information from the police report: For example they failed to mention that I was locked in his room. That I had to leave my attacker's bedroom to the backyard via a porch door AFTER he quit barricading it shut with his body because the bedroom door to the hallway was locked from the inside. Police failed to mention this. Police failed to report that upon arrival they had to open the bedroom hall door from the outside. Police failed to report that they had to ask where my attacker hid my phone and retrieve it because my attacker had taken it and hid it. Police failed to report that my attacker hid my phone. Additionally, the 911 call recording most likely recorded my pleas in the background — begging to be let out of my attacker's room; asking my attacker to let me out and to please give me my phone so that I could leave. None of this was mentioned. These 2 Senior officers did not seem interested in the truth but more interested in being retaliatory, discriminatory and building a false case against me. Their bigotry and determination to fulfill a specific agenda placed my health safety and well being in further jeopardy. And I consequently am still suffering from the injuries from police m-imposed and jailer-imposed medical neglect and subsequent fallout. Their prejudice and apparently deliberate lack of due diligence placed me in further harms way by exposing my information to predators and denying me medical care and by rewarding my attacker thus emboldening him more. I was seriously injured and I had visible injuries. Due to my comment to one of them that I did not feel safe answering his questions because he struck me as someone who is physically and possibly sexually abusive; and due to their discrimination against people with invisible disabilities vs. people with visible ones, I was wrongly arrested, placed in greater harms way, further traumatized, and my health and safety and life further and immediately compromised beyond necessity and reasonableness. I was abused upon being abused. The three officers involved were: 1) [REDACTED]; 2) [REDACTED]; 3) [REDACTED]

[REDACTED] My complaint is primarily against the two Senior officers — who are the ones who decided to arrest me, but not the transporting Junior officer. You should fact check which officer is who but I believe the 2 Senior Arresting officers were [REDACTED] and [REDACTED]

[REDACTED] And I believe the third (Junior) officer was the transporting officer [REDACTED] He (Junior Officer) was also the one who remained with me for the majority of the time while the other two (Senior) officers questioned my abuser [REDACTED] who placed the 911 call and falsely alleged things against me. The two Senior officers failed to fact check information with me or with the Junior officer. Additional information: Yes. I was injured. Yes I was subsequently harassed. Yes I was denied medical care and even ice (unless you count a pinky-sized ration hours after the assault and injuries) for potentially life threatening injuries including choking and multiple concussions where I saw stars repeatedly with several of the blows. These are injuries



that professionals advise first responders of the immediacy of care and observation GOR at least 4& hours, as they are the two leading causes of death in domestic violence situations.

This notice of formal complaint is a request for Internal Affairs to initiate an investigation in order to determine if the employee conduct is within compliance of APD policy, Civil Service Rules, and Municipal Civil Service Rules.

Recommended Administrative Policies to Review (to include but not limited to):

301.2 IMPARTIAL ATTITUDE AND COURTESY

Employees are expected to act professionally, treat all persons fairly and equally, and perform all duties impartially, objectively, and equitably without regard to personal feelings, animosities, friendships, financial status, sex, creed, color, race, religion, age, political beliefs, sexual orientation, gender identity or gender expression or social or ethnic background.

318.2 DETENTIONS, FIELD INTERVIEWS, & FIELD PHOTOGRAPHS – GENERAL POLICY

(c) Officers will act with as much restraint and courtesy toward persons interviewed, detained or arrested as is possible under the circumstances.

402.2 INCIDENT REPORTING

A well-written report can help make a case just as easily as a poorly written report can ruin a case. Employees have the responsibility to write clear, factual, and complete reports.

418.2.3 FAMILY VIOLENCE INVOLVING MENTAL ILLNESS

If there is reason to believe a suspect that is still on-scene suffers from a mental illness, an on-duty patrol officer that is a certified Crisis Intervention Team (CIT) officer shall be requested to the scene.

418.3.4 EVIDENCE COLLECTION AND PHOTOGRAPHS

Evidence and digital media shall be submitted as outlined in General Order 618 (Property and Evidence Collection Procedures).

(a) Evidence to be Collected

1. Any weapon or object used in the commission of the offense shall be seized as evidence.
2. Photographs should include, but are not limited to: (a) Full body; (b) Close up of face; (c) Visible injuries; (d) Area of body surrounding injury; (e) Body part used as a weapon.

418.2.5 FAMILY VIOLENCE INVOLVING STRANGULATION/SUFFOCATION

When the suspect impedes the normal breathing or circulation of the blood of the victim by



applying pressure to the victim's throat, neck or by blocking the victim's nose or mouth, the assault shall be enhanced to a felony of the third degree (Tex. Penal Code § 22.01(b)(2)(B)).

445.2 INCIDENTS REQUIRING A CIT OFFICER

(a) If the incident is an emergency involving a person in mental health crisis, a CIT officer will be dispatched as the primary responding officer. If a CIT officer is not available, any patrol officer will be dispatched immediately and a CIT officer will respond as soon as possible.

(c) The following incidents also require the response of a CIT officer: 1. Any situation where the responding officer believes that a person's mental health is adversely affecting the person's behavior (e.g., attempted suicide, suicidal subject, Peace Officer Emergency Detention (POED) evaluation.

445.6 ARREST AND JAIL DIVERSION OF MENTALLY ILL, COGNITIVELY DISABLED, AND IDD PERSONS

(a) The arrest of a mentally ill person creates an extraordinary burden on the criminal justice and judicial systems. The department and the community benefit from alternative methods of addressing a mentally ill person's behavior, other than with arrest and confinement in jail. In lieu of arrest under certain circumstances, when encountering a mentally ill, cognitively disabled, or IDD person during a call for service, any officer can request the assistance of the local mental health authority, Austin Travis County Integral Care (ATCIC) and their response group, or Expanded Mobile Crisis Outreach Team (EMCOT) when deemed appropriate

902.2.3 EXTERNALLY INITIATED COMPLAINTS

Under the Meet and Confer Agreement, the Office of Police Oversight (OPO) is a non-exclusive location for accepting administrative complaints of alleged officer misconduct from the public.

(b) All external complaints must meet the following documentation requirements and be processed accordingly:

2. Verbal complaints (in person or by telephone)

(b) Sworn employees receiving an alleged minor nature complaint against an officer should request a supervisor to respond to the scene. If a supervisor is not available, or if the complainant is not able to wait for a supervisor, the officer shall obtain the citizens contact information and forward it to a supervisor. The supervisor may handle the complaint as outlined in the Initial Supervisor Responsibility section.

3. Complaints of a serious nature require the immediate notification of an available supervisor. Serious complaints must be initially investigated by the rank of sergeant or above.

Recommended Classification: *The OPO is permitted to make a preliminary recommendation on the classification of administrative cases.*

The OPO recommends that this allegation receive a B classification.