RE: GRANITE CITY POLICE DEPARTMENT RISK REDUCTION

Dear TASER Int.,

As a matter of background information, Granite City, Illinois is an industrial, blue collar community; part of the St. Louis, Missouri metropolitan area. Our city is separated from north St. Louis City and St. Louis County by the Mississippi River. The city’s population is approximately 34,000. We patrol nearly sixteen square miles. The Granite City Police Department, like most, has experienced staff reductions. At present, we employ fifty-one full time, sworn officers (down from sixty-two) with thirty-six members assigned to patrol services. Consistently, our department averages about 27,000 calls for service annually. I thought you may be interested in knowing what the incorporation of the TASER as a less than lethal, personal defense weapon has done to improve officer safety and impact long term costs in my department.

Two years ago, the Granite City Police Department was at risk of being privately uninsurable. Workers compensation claims were unprecedented. At the request of the claims administrator for the municipality’s workers’ compensation insurance carrier, the “high risk” departments of the city met on August 05, 2002 to discuss possible solutions to the excessive claims experience. During that meeting, police personnel were singled out as being the city’s most frequent and costly compensation claimants. The police worker’s compensation total experience for the fiscal year of 2002 (May 01, 2001 - April 30, 2002) exceeded $737,000. That amount was twenty (20) times that of the fire department and public works, accounting for more than seventy-six percent (76%) of the city’s total experience for that period. The police department was placed in the “at risk” category and was in peril for “non-insurable” status through the private sector.

In an effort to reduce the number of “injury on duty” (IOD) claims, police administrators reviewed IOD reports for the previous two years, identifying several “high frequency - high risk” tasks undertaken by police officers, and the high risk environments common to those claims that could be addressed to reduce those type duty related injuries. Generally stated, the capacity for the greatest potential for loss claims were identified as 1) close quarter combat and, to a lesser extent, 2) emergency operations of police vehicles. [Vehicle operations were also addressed in the project.] The close quarter combat concern was not just related to the officers personal confrontations but also included some facility, area modifications needed within the police building. The high-risk profile for injuries to officers was identified in the plan’s Executive Summary:

- Statistically, our police officers are most frequently injured when subduing persons resisting arrest, under the influence of alcohol / drugs, or who are mentally disturbed with violent tendencies.
- Seventy percent of the major claims (physical and monetary) were incurred during interventions with mentally disturbed and / or impaired subjects wherein the officers were forced to physically engage these subjects at close quarters or limited space environments.
• Police intervention in suspect self-inflicted harm, or suicide prevention during confinement of impaired and/or mentally disturbed subjects or psychiatric patients in holding areas of the police facility while they await processing, evaluation or transport.

• Close quarter confrontation and/or physically engaging violent subjects places the officer(s) and subject at higher risk for injury. Officers are certified/trained in defense tactics but they often found themselves encountering highly motivated people, of superior strength, due to use of narcotics, illicit drugs or mental status.

• Officers are equipped with and trained in use of OC pepper spray but often find the product to be ineffective, or the environment would not permit its use.

• Review of police IOD reports during the period, and historically, indicate that most officer injuries are occurring within the confined, limited physical space of the jail or booking/processing area when they are in close contact/proximity with unsecured prisoners. It is at this time that most violence occurs between officer and detainee/prisoner. The subject’s realization of jail confinement invokes the “fight or flight” syndrome, requiring officers to physically counter resistance.

• These limited reactionary space/close quarters situations limit the officers use of force options. The alternative use of OC pepper spray contaminates the subject, officer(s) and all those present in the building. The officers are unarmed and most likely to be forced to use hand to hand techniques, personal protection impact tools, or pure numbers to subdue a combatant. Those close, physical confrontations have a high potential of injury as well as allegations of use of excessive force.

A risk management action plan was developed and submitted to the city and its insurance carrier on September 26, 2002 based on the analysis. The project was an effort to correct the identified high-risk environs and specific tasks that lead to the escalating claims. The project outlined three activities to be undertaken in the proposed action plan:

1) a modification to the booking/processing area; 2) additional defensive driver training and a change in police vehicle specifications; and 3) purchase of an alternative personal defense weapon - the TASER. [I had been to a TASER demonstration at a training session and observed the weapon’s capability to incapacitate.] The identified risk areas were viewed by our police administration as correctable, or preventable.

The overall goal of the project was to significantly reduce the experience of duty related injuries, the resulting workmen’s compensation claims, and to some extent liability exposure. The insurance carrier and city council was presented the project proposal from the police department. The project was that up to an 80% reduction in claims and resultant expenses related to violence against officers could be attained for a minimal financial investment. The proposals were reviewed by the city’s insurance committee, accepted and funded using alternative financing since the fiscal budget was already in place. [The city used funds that had been placed in reserve for a fiscal year ending insurance premium to accomplish the building modifications. Block grants were used for purchase of TASERS.] The project designated a time line and stipulated that a review and an evaluation would be conducted within one year after implementation. The department was basically given a twelve month reprieve from the insurance carrier to improve our status and save our insurability.

The Granite City Police Department received nine (9) Advanced TASER M-26 less than lethal weapons in late September of 2002. The process of policy development and officer training began in October and continued through the first week of December, 2002. Each patrol officer was issued a TASER at the beginning of the first shift on December 11. The first use of the TASER was at 0404 hours on December 12. The TASER was successfully deployed during the arrest of an eighteen year old male actively engaging a police canine and officer handler. That was the first of nearly one hundred uses of the M26 during the next twelve months.

The project came under review at the end of a twelve month period. A report to the City Council and insurance carrier was submitted by the police administration and risk manager for the city. The report, in part stated:

"As of December 17, 2003:
Granite City Police have charged 169 persons with the offense of Resisting / disarming a police officer.

The Advanced TASER M26 has been deployed [or used in close quarter combat situations as a touch stun weapon] during active resistance on seventy-five occasions.

No lost time has been claimed as a result of officer combat.

No officer injuries have been incurred as a result of direct engagement with combative subjects.

 Deployment of the TASER M26 has been used in five cell extrication’s.

Three deployments of the TASER M26 were used to prevent potential acts of “suicide by cop.” Officers used the less than lethal option TASER to subdue suicidal / violent subjects instead of deadly force.”

The resolve of this project was to improve officer safety and address / correct high-frequency, high-risk potentials. The success of the project was overwhelming. After one year, from the period of December 01, 2002 through December 17, 2003 there were thirteen (13) injury on duty reports submitted by officers. This was a 56% decrease in reported injuries. [Department policy requires a report on any / all injury(s) sustained during duty whether medical treatment or claim is sought.] These reports of injury on duty reflected:

Three (3) bloodborne hazard exposure (23%).
Two (2) lifting injury / strains (15%).
Five (5) slip / falls (46%), and
Two (2) minor laceration or cuts to the hand(s) (15%).

Not one of these experiences was a direct result of close quarter combat and none of the listed occurrences took place within the jail, booking or processing areas of the police building. No new experience of workmen’s compensation was generated during this time period to add to the police department’s total work-comp experience.

Incorporating the TASER early in our use of force options has created a significant advantage for our officers. This less than lethal weapon has greatly improved the defensive capability of our officers. The reactionary distance, that twenty-one foot cartridge launch area, has provided a safe alternative to “up close and personal.” Our officers began carrying the TASER in December 2002. Since that time, the numbers speak for themselves:

<table>
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<tr>
<th>Year</th>
<th>All City Departments (including police)</th>
<th>Police Dept. only</th>
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<tr>
<td>2001</td>
<td>$854,762.00</td>
<td>$454,192.00</td>
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<tr>
<td>2002</td>
<td>$1,162,934.00</td>
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<tr>
<td>2004</td>
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<td>$00.00 as of 09/17/04</td>
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<tr>
<td>TOTAL</td>
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September of 2002, our department purchased nine M26 TASERs as part of the risk reduction project. Our department's fiscal 2005 budget included twenty-four X26 TASERs. The documented success of this police tool within our department provided its own means to easily pass through and receive approval of the city council to expend the funds necessary. Our plan is to eventually achieve full deployment, with each member of the Department being assigned an X26 TASER.

On behalf of my department, and those officers who have not been injured in the last nineteen months, I would like to thank you for your product and the assistance TASER International has provided.

Sincerely,

Captain Tim Lyerla
Patrol Division Commander
Granite City Police Department