

INVESTIGATIVE REPORT

Client: City of Alameda

Subject: Administrative Investigation
In Custody Death
Exhibits to Report

Investigator: Renne Public Law Group

Date: May 3, 2022

EXHIBITS TO REPORT

(Redacted based on privacy in conformity with Penal Code section 832.7(b)(6).)

BINDER 2: EXHIBITS 23 - 67



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EXHIBIT 23

RPLG

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[REDACTED]
**Transcript of Audio Recording of:
Interview of Parking Technician Charly
Clemmons (09/20/2021)**

Case: Audio Transcription re: Clemmons, Charly GMT20210920-200021

Reporter: Debi Devitt

P.O. BOX 85
Penn Valley, CA 95946



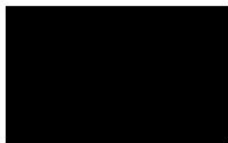
INTERVIEW OF CHARLY CLEMMONS
(Conducted by Attorney Jamal Anderson)

GMT20210920-200021
MONDAY, SEPTEMBER 20, 2021

TRANSCRIBED BY:
DEBI DEVITT

PIONEER TRANSCRIPTION SERVICES

P.O. BOX 85
PENN VALLEY, CA 95946



JA: Alrighty, good afternoon, it is exactly 1:00 p.m., my name is Jamal Anderson, senior associate with the Renne Public Law Group and we are here this afternoon to conduct an interview with Charly Clemmons. Is it Charles, I know we say Charly?

CC: Yeah, Charly is fine.

JA: Charly Clemmons works for the Alameda Police Department. I am joined today by my colleague Louise Renne, we're here with Charly and we're here with Charly's council. Do you want to introduce yourself, please?

ABW: Thank you, Allison Berry Wilkinson on behalf of Charly Clemmons and I believe it's Charly with a Y, not an I-E, correct?

CC: Yeah.

ABW: Yes.

JA: Thank you for that clarification. And so, what I'd like to do is just kind of give a general introduction, I will go ahead and provide you with some admonitions that we've provided to all of our witnesses that you're familiar with at this point as we started this the last time. I'll give your council an opportunity, putting anything on the record that she would like. And then, if you have any questions, I'm happy to answer those and otherwise we will get started.

CC: Okay.

JA: So, as you know the Renne Public Law Group has been retained by the city of Alameda to conduct an administrative investigation of the circumstances surrounding the detention and subsequent death of Mario Gonzalez following contact specifically with Alameda Police Department officers on April 19, 2021. But the purpose of the investigation, which is an administrative investigation, not a criminal investigation, is to determine what, if any, Alameda Police Department policies were violated by any of the officers or other individual personnel on that scene that particular day. If you have any concerns during the course of the interview about any questions that I ask or need a moment to consult with your council, please let me know, we're very flexible to do that. I indicated previously that we will be recording here with this digital recorder on the table as well as a backup here on Zoom. We can take breaks as are necessary for whatever purpose you deem appropriate.

I want to provide you with a couple of admonitions in a moment but before we do that, I'd like to provide your council an opportunity to put anything on the record that she

would like. And if there's anything that I need to clarify or add, I'll do so after that. So, with that, I'll turn it over to Ms. Berry Wilkinson.

ABW: Great, and thank you very much, I appreciate that. So, I just wanted to confirm at the outset of the interview that Charly Clemmons is a civilian employee so, some of the rules with regard to the Alameda Police Department's policy manuals don't necessarily apply to him. And as a consequence, we haven't really identified any of the specific policy manual provisions that are impacted here. He was noticed as a witness in this investigation, but I also understand that they are extending him the right to representation as there may be conclusory findings with regard to perhaps other city policy issues. He was off duty in a civilian capacity at the time of this incident. So, the number of rules and policies in our view are fairly limited that might apply under these circumstances.

I also wanted to confirm that as with the other interviews that have been conducted of the officers based on the correspondence that we received from the human resources department, it is our understanding that Mr. Clemmons is obligated and required as part of his duties as employee of the city of Alameda to participate. And that this is a compelled interview and if he fails to do so he could be subjected to disciplinary action for not responding fully and completely and truthfully. Just wanted to make sure I fully understood and was not misreading the correspondence that we received.

JA: That is correct and it is pursuant to the correspondence that you received last week from Nancy Bronstein, who is the human resources director here with the city of Alameda. Which follows consultations that you and I have had, Ms. Berry Wilkinson, along with Linda Ross about this particular interview and the other interviews that have been conducted of your clients during the course of this investigation.

ABW: Very good, thank you and please feel free to call me Allison during the course of this interview. And I think that Charly is fine with the first name as well, is that right?

CC: Yep.

JA: Of course, thank you. Let me provide you, Charly with a couple of admonitions that we provide to each witness. At the conclusion of which time if you have any questions for me, by all means feel free to ask. First admonition is with regards to truth, we simply ask that you tell us the truth to the best of your recollection. This is not a specific test of your memory. If there is something that you don't recall, I would certainly encourage you to say that you don't recall or don't remember as opposed to guessing. We're simply looking for your best recollection of events. If you believe that there is something outside of [unintelligible 00:05:06] today, an e-mail, a text message or policy or something along those lines that might refresh your recollection as to what occurred on

April 19, 2021, by all means feel free to let me know and we can follow-up with you for clarification after this interview today.

The second admonition is with regard to confidentiality, as indicated in the notice that you received from Nancy Bronstein. This is a confidential investigation and it's subject to the relevant statutes which have changed in recent years. We would ask that you not share the contents of this conversation with anyone other than your representative. We, of course, cannot compel you to not discuss this but to protect the integrity of the investigation, we would ask that you only discuss these matters with your council or your designated representative.

Finally, with regard to retaliation, as you may know the city of Alameda has a policy that prohibits retaliation. Which is to say that you are not to be retaliated against for your participation in this investigation or this interview today. It is also to say that, to the extent that you are in a position to, you are not to retaliate against anyone else who you believe may be participating in this investigation. If you do believe that you've been retaliated against, we certainly encourage you to contact the department of human resources, you may also reach out to us through your council if you so choose. Do you have any questions based on any of that before we get started?

CC: Nope, no, that's clear.

JA: Okay.

ABW: And I believe I overlooked—I believe I said it the last time that we convened and then almost immediately after the admonishments, that in anticipation of this interview Mr. Clemmons had reviewed the transcript of his interview with the Alameda County Sheriff's Office, which he previously gave—I believe provided a copy of that transcript to your offices as well. And that he, I believe, identified last time—but if my memory is incorrect, I will make sure we identify this time—that he obviously was not wearing a body worn camera and he only saw a short snippet of the body worn camera footage before attending this interview. I think he indicated it was something he saw on the news previously.

CC: Yes. Still haven't looked at any of the videos other than what was on the news.

JA: Okay.

ABW: So then, other than his prior transcript and this same short snippet there's nothing that he's done in preparation for this interview that's different than what we had previously.

JA: Great, thank you very much. Let's go ahead and get going. Charly, can you first of all

state your full name please?

CC: Charles Clemmons.

JA: Okay, and where do you live?

CC: [REDACTED]

JA: Okay, and we can remove that for the record—

ABW: Thank you.

JA: ... in terms of the specific address but that is perfectly fine. I believe you said Alameda.

CC: Right.

JA: Yes, thank you. And where are you currently employed?

CC: I'm retired but I work at Alameda PD part-time, two days a week.

JA: And what specific role do you have?

CC: Parking technician, that's what the title is.

JA: Okay and just to make sure because this interview is going to be transcribed, just allow me to go ahead and finish the question before you start answering and then that way, we can make sure—

CC: Yeah, sorry.

JA: ... Don't worry, happens all the time. I'm guilty of it as well. So, let me just make sure, your specific title now?

CC: Parking tech, parking technician.

JA: Okay and how long have you been in that role?

CC: Going on, what, eight years.

JA: What are your specific duties as a parking technician?

CC: It's writing parking tickets, that's your job. So, whether it's street sweeping, we do that every day of the week. Run the streets, we make sure the streets are clear of cars, meters, expired meters, red zones, bus zones. We handle calls like blocked driveways, cars parked, left in the street, you know, anything like that. We tow cars that have to be towed. But we also, whenever there's an accident or a fire or something we direct traffic. Basically, that's pretty much it.

JA: Okay. And do you have an office here somewhere or do you work at a specific office?

CC: We work out of the traffic offices, where the motorcycles, you know, the motor guys are.

JA: Okay, in the police department?

CC: Right, right.

JA: Okay, great. You mentioned that you are retired?

CC: Yeah.

JA: Retired from what?

CC: That I worked the city jail in Alameda.

JA: Okay. What was your title there and what were your responsibilities?

CC: Jailer and pretty much everything. We took prisoners when they came in, we finished the reports, we'd book them, we'd fingerprint them, we'd picture them, we'd put them in cells, we feed them, get them up, get them ready for court, just pretty much everything. If there was something medical happens, we'd get them to the hospital. Sometimes transport with Santa Rita.

JA: And how long did you do that?

CC: Ten years.

JA: Do you remember the years approximately?

CC: Oh, God, let's see, I started late in life, I was 59 so, like 2000 and—where are we now?

ABW: It's all right, they'll have a record.

JA: Yeah, we'll have a record.

CC: Yeah, I'm not real positive on that.

JA: That's okay. Okay and my recollection in reviewing your transcript is that you received some type of defensive tactics training in that role, can you tell me a bit more about that?

CC: Yeah, you go to, it's called a Basic Corrections Academy, it's six weeks, ours was in Sonoma. And for the six weeks you're taking classes, you know, learning prisoners' rights, this and that. But you also do the defensive tactics and that was pretty much every day. And that's just control holds, you know, a little bit of pain compliance. Because sometimes you have to maneuver prisoners around sometimes, you know, you get in a little scuffle. Sometimes they're fighting with each other and you have to break them up.

JA: Okay, and was that a prerequisite for becoming a jailer or something that you did during the time that you were a jailer?

CC: No, it was a prerequisite, once you got there you had—I forget—I think you actually had a year before you had to go to the academy but you did have to go to the academy.

JA: Okay, and during the time period, that ten-year window when you were an actual jailer, did you receive additional training in line with defensive tactics or use of force or things along those lines?

CC: When you first get hired, yeah, they, they teach you their defensive tactics that they use here at the department. The ones we use at the academy are pretty much basic, everybody uses everywhere and then there's specific stuff that you can use here. It's almost exactly the same and that was only probably one full day.

JA: Okay. I understand you have a badge number, is that right?

CC: Yes, sir.

JA: And what is your badge number?

CC: 500.

JA: Okay, let's come back to your current role as a parking technician. You said that you work part-time, what shift do you normally work?

CC: For Fridays to Saturdays from 8:00 and for all night.

JA: And then, what do you do on your days off?

CC: I'm, I don't know, just a family man I guess you say because I have two brothers, I take care of that are, you know, special needs. They need help so I've been taking care of them for a while. And that pretty much takes up a lot of time, they're great, I mean I love them to death but they're both mentally about ten years old.

JA: Okay, and so, is it the case that occasionally, on your days off, you will sometimes have coffee with other officers with the police department?

CC: Yeah, I've been doing that since—once I started as a parking technician.

JA: Okay, so for about the past eight years or so?

CC: Yeah, at least, yeah.

JA: Okay, and how frequently do you do that?

CC: It was probably three to four days a week, because it's not always the same officers. It's different and we would meet at different places because I don't have transportation so I'd either walk to Park Street, there's Starbucks and Pete's. And then, further down you have The Beanery and then sometimes I would walk down to Nob Hill and there's a Starbucks down there, that's on [unintelligible 00:13:37].

JA: Okay, you said a moment ago this is largely with different officers. Are there any officers that you have coffee with more frequently than others or is it really just random?

CC: Yeah, there would be more, like probably number one would've been Adam Young. We're worked together way before we got here, me too, we've been working together for over 20 years. And then, James would be there and James is recently, you know, in the last couple of years. Before that it was different guys, at one time it was Captain Emmitt when he was a sergeant. Him and I were—I was with him with coffee three or four times and then, two officers that are retired, since retired, Lieutenant Durani and Lieutenant Pascoe. And then, let me see, Sergeant Wyatt. I'm trying to think who else. Then there would've been Jaretson [phonetic 00:14:39], oh, Lieutenant DeRespini, Sergeant Reynolds.

JA: So, just a variety.

CC: Yeah, just pretty much everybody, all them guys, the old guys.

JA: Right.

ABW: You just took me down a walk on memory lane with all those names.

JA: And was it always coffee? Is it breakfast, is it lunch?

CC: 99% of the time just coffee.

JA: Okay, and for approximately how long in the morning?

CC: It could be anywhere from 15 minutes to close to an hour unless there's a call, if they have a call they're gone. But usually sit there maybe a half hour, 45 minutes sometimes.

JA: Okay, let's go ahead and then go back to April 19, 2021 here. So, on that particular day, where you on duty?

CC: No.

JA: Okay and so, our understanding is that you had coffee or planned to have coffee with Officer Fisher, is that correct?

CC: Right.

JA: Is that something that you had coordinated that morning or the day before?

CC: Well, actually, we usually have it set up for the week, whatever, I'll call him or he'll text me or whatever. But I can't remember if it was him that texted me or I texted him and he said, "I have a call to go on." And then, he actually called me after that and goes, "Say, you wanna just go, it's real quiet." I said, "Sure." So, we went and the first one I heard—yeah, it was a call, it was nothing. And then, that's when the other call came over the radio and I was already [unintelligible 00:16:15]. He says, "You mind?" I go, "No, go for it."

JA: Okay, so let's break this down a little bit. What time that morning do you recall first meeting with Officer Fisher?

CC: Usually it's after lineup so it's probably close to 7:30, like that. But I was already there, I think I was at The Beanery and he had called me and said, "Hey, I'll be down." And then, all of a sudden, he called and said, "Oh, I got a short call." And I go, "Yeah, well, whatever you wanna do." And he goes, "Do you wanna go?" I go, "Sure, I'll go."

Because I've done that a million times with them other guys, go call, you know, whatever. If it's something really serious I'll usually just get either get out a block before or whatever because it's Alameda, you can walk anywhere. But yeah, nothing special, just a regular day.

JA: Okay, and so, you indicated you were already at The Beanery?

CC: I believe I was either there or on my way when he called me and said, "I'll get you, you want me to come get—" I said, "Sure."

JA: Okay. And so, where do you remember him picking you up?

CC: It might've been at the front. See, I'm getting confused, I don't want to say I know for sure because I don't recall. A lot of times he would pick me up in front of my house because he would be 41, which is the sector on [unintelligible 00:17:30]. But yeah, usually it would be close to my house or like when I'm saying I'm walking down Park Street going to The Beanery.

JA: Okay and so, he picked you up and at that point had you physically gotten any coffee or not?

CC: I don't believe we'd gotten coffee yet. We were gonna wait because he was going to go to the call.

JA: Okay and so, tell me what you remember happening once you got into the car with him, where did you go?

CC: Whatever it was that he had the call, I don't remember. And after that, the call came out about the 647(f), Officer McKinley. And James goes, "Oh, I gotta go." I said, "Go for it, go, go." So, on the way there, as I stated there, McKinley asked him if he could go by Walgreens and said, "Yeah, we could do that." And then, flipped a U, he parked over there and I was sitting in the car.

JA: Okay, so let's slow this down a little bit. You're in the car, do you yourself hear over the radio about the PC 647(f)?

CC: Yes.

JA: Okay and, you then went with Officer Fisher because you're in the car, to Walgreens, is that right?

- CC: Yeah, I stayed in the car, he did his check.
- JA: That was going to be my next question, okay. So, you remained in the car, he went in to investigate a possible issue with—you said 647(f) but did you hear over the radio any issues about a possible theft at that point?
- CC: Yes, that's what Officer McKinley asked, he goes, "Could you—" I believe he said something about red security tags on these bottles, that they looked like from Walgreens. He goes, "Could you check with Walgreens and see if there's been anything taken this morning?"
- JA: Okay, while you were obviously in the car, did you hear on the radio any description of an individual suspect?
- CC: No, in fact, if I'm correct, we—James came out and said, "No, there was nothing taken from there."
- JA: Okay, individual description of a suspect?
- CC: Oh, no. Oh, you mean as far as the 647?
- ABW: Yes.
- CC: Yeah, yeah, a male Hispanic, you know, heavy set.
- JA: Okay, all right, goes to Walgreens, you remain in the car. Do you recall about how long Officer Fisher was in the Walgreens?
- CC: Several minutes, not very long, he went in and talked to whoever, the front counter or—and then, I don't know if he asked for the manager or what. I didn't go in so I don't know but it wasn't that long.
- JA: All right, and is there a radio in the car?
- CC: Yeah.
- JA: Okay, did you hear any traffic on the radio, in the car, while he was in the Walgreens?
- CC: I believe that's when he told him negative. Yeah, I'm pretty sure he might've said it from inside because I heard it on the radio.

JA: All right, negative in terms of anyone walking out?

CC: Yeah, there was no report of a theft here.

JA: So, Officer Fisher came back to the vehicle and then where did you go?

CC: We went—it's kind of a giant U-turn but we had to wait for all the traffic to clear because it's right across the street from the incident. Walgreens is directly—if you were standing where it happened, you'd look across the street and you'll see Walgreens.

JA: Okay, and where do you recall Officer Fisher parking his car?

CC: Right there because there's an actual walkway that goes right from there, from Otis, to where this whole thing happened. Right, there is end of [unintelligible 00:20:53], the walkway's 40, maybe 50 feet back.

JA: And when you arrived, or I should say when Officer Fisher parked at this particular location, did he say anything to you? "Stay in the car" or "I'll be back"?

CC: No, he didn't have to because I always do stay in the car and just, as usual, he always locks the door and I always laugh because he locks me in. But I can get out, I can—you know, just push the button but he—it's just habit.

JA: Okay so, let's pause here and drill down a bit on that. Obviously, you're a civilian but you spend a lot of time with law enforcement officers and it sounds like in the cars of law enforcement officers quite frequently. What have you been told about getting involved in instances like the one here? What have officers told you or what is your understanding about whether you should or should not ever become involved?

CC: Basically, no one's ever really told me that you can't, or don't do this or don't do that. But common sense, I've seen officers before scuffling and everything and it—I usually, I'm not—it doesn't bother me but it was just something uncomfortable about the way it happened that, you know, I just go, "Let me go look." Because there was the two of them and the situation was just—the gentleman was quite large.

JA: And have you ever received any specific training from the department or from the city about dos and don'ts in these types of situations? Or anything formal in terms of, "Hey, you know, if you happen to be in a situation like this if you're a civilian, you shouldn't get involved"?

CC: No, not myself. I mean, I don't know what they tell civilians when they—you know?

Because then most people don't look at me as a civilian because they've known me from the department, I've known those guys since they were kids, most of them since they got hired. And I've never been told but I'm sure they might say something to the regular civilians that are doing the ride-along.

JA: Okay. So, let's come back to this moment. After Officer Fisher arrives at this location, he parks his vehicle, he doesn't say anything to you about staying in the car. It sounds like you're saying your common-sense approach to these things is to really not get involved.

CC: Yeah.

JA: We know that didn't happen here; we'll get to that in a second. In that moment, did he lock the door?

CC: Yeah, when he got out, he automatically, it's just habit for him, he's done it as long as I can remember.

JA: Okay and from your vantage point, sitting inside the vehicle, are you able to see Officer McKinley or the subject, who we know now is Mario Gonzalez?

CC: Yes.

JA: Okay and so, upon your first arrival on the scene, from where you were sitting in the vehicle, what could you see going on?

CC: At one time he was sitting on one of those stumps, then he got up and he was just kind of moving around. You know, I don't know how to say it without being—like an ornery drunk. You know, he was just not quite there, moving around, roaming around. Then he would utter stuff, I could partially hear what they were saying and once in a while he would just go off on something completely different and whatever.

JA: And when you're sitting in the car, what's the approximate distance between where you're sitting and where this interaction is occurring with Mr. Gonzalez and Officer McKinley and Officer Fisher?

CC: It would probably be the distance of that window to a little closer than the red brick wall you can see to the right of that window outside. A little bit closer, about maybe half that distance between here and that thing to there, that's the distance total. So, yeah, 40, 50 feet.

ABW: So, yeah, a little longer than this room.

CC: Yeah.

ABW: So, this length of room, 391, plus about half the distance between the end of this room and the brick wall?

CC: Yeah, to the right there where the building curves.

ABW: So, it's a movement [unintelligible 00:25:02].

JA: Yeah, I mean, I'm okay with it but just bear with me so everybody else is.

ABW: Well, I told him that but I think—and I'll see with the daylight.

CC: Yeah.

JA: So, I think your estimation is about 50 feet?

ABW: That was his, I think.

JA: 50 feet?

CC: Yeah, 40 to 50 feet.

JA: 40 to 50 feet, okay. And you indicated that you could hear some of what was being said?

CC: Yeah, I was kind of paying attention and kind of not, you know? Like I'd look over when they were mumbling and talking and I could hear McKinley—that's when I first heard his name. He goes, "Mario, so, what are you doing?" And dah, dah, dah, dah, dah, and then, Mario started—was talking something and next thing I know he's waving his arms and I'm like, "Yeah, I'm not paying attention now because he's not making sense." So, I sit back.

JA: And is your window rolled down?

CC: Oh, yes, all the way down, window open.

JA: All right, and just that window or the other windows in the car?

CC: I believe just mine.

JA: And so, before you exited the vehicle, if you can give me an approximation of how much time elapsed between the time that Officer Fisher parked and the time that you chose to exit the vehicle.

CC: Okay, as I explained before, time for me is bad or would be short—what seems short to me is actually long to everybody else because I guess, just my age. Things get a little faster and they're not but I would say, I don't know, from seven to ten minutes maybe.

JA: Okay. And so, in this period of time, as you just described, you're sort of paying attention, you're sort of not, you hear a little bit. What changed? What did you see that caused you to exit the vehicle?

CC: When they got Mario up, when they said, "Mario, stand up." And when he got up then I started watching and I could tell they were going to cuff him, which I believe is policy, you know, whatever. So, they were getting around him and he wasn't—I don't know how to say it. I don't want to say he wasn't fighting; he was resisting but not, you know, swinging at anybody. He was just—if you grabbed his arm, he would back away from you and at his size he had not problem backing away from anybody. And so, finally Fisher, I think, actually got a little bit control of one arm and McKinley grabbed the other arm but he was really having a hard time. And then, he finally started to get it back and that's when Mario shoved away from him into James and they went to the ground. So, that's when I got out and this is—because McKinley was hanging on so now, all three of them are on the ground and it's just a mess.

JA: Okay, so let's walk me just a little bit. In this interaction that you just described; does this all occur as they're all standing?

CC: Yes.

JA: Okay and you're still in the car at this point, is that right?

CC: Right.

JA: And during this interaction where they are attempting to place handcuffs on Mario Gonzalez, have you at that point already decided that you're going to exit the car?

CC: I exited once they hit the ground, that's what got me out of the car. Otherwise, I wouldn't have got—and even then, I would—normally I've seen guys handling guys before and it looked okay. But between you and I, I just didn't feel that they were going to be able to handle him.

JA: Okay, and so let's dive into that a little bit. What was it about your observations in this instance that led you to conclude that these officers would not be able to handle Mario Gonzalez? Had you observed when they went to the ground a struggle or even before you observed the event you said [unintelligible 00:28:50]?

CC: Well, yes and as they're standing it was obvious McKinley could not control an arm. The minute he took the arm Mario would just go like that. He was like [unintelligible 00:29:01]. James, a little stronger and he's a husky guy and he's in good shape, James had the arm and was hanging on and even he was having a problem getting it behind him but he had it. But McKinley was just going right—and that's when McKinley finally got ahold, he had both hands hanging on then Mario pushed away, you know, pulled away from him but he went into James and they all went to the ground because McKinley didn't let go. So, when he went down, he just went down, the group went down in a pile.

JA: Okay, tell me what you did after you exited the vehicle.

CC: I got out of the car and like an idiot I left the door open. I was going up the walkway—

JA: Why do you say, like an idiot you left the door open?

CC: Because you don't leave the door open on a police car. But I was, you know, I had to get there in a hurry. So, I go up and they're on the ground and they're trying to control. James' got ahold of one arm and James' one leg is like partially under him and he's trying to get the arm out from underneath and McKinley's just rolling with this arm but he's also trying to keep away from the legs. And he asked me, "Can you get his leg?" And I go, I just phew.

JA: And the he that asked you is Officer—

CC: Yes, "Can you get—" yeah, he goes, "Can you get his legs?"

JA: Which officer?

CC: McKinley.

JA: Okay.

CC: And I go, "Sure." So, I just laid across his legs.

JA: Okay. Approximately—and I know with the caveat of what you just told me about

time—approximately how long did you sort of stand and observe their initial interaction with Mario on the ground before Officer McKinley said, “Hey, can you lend some assistance?”

CC: I wouldn't even say a minute because I was walking up, McKinley looked up at me with that—you know, because he was doing this and he goes, “Can you get his legs?” And I go, “Yeah.”

JA: Okay and so, prior to obviously, ultimately working with Mario Gonzalez' legs or holding his legs, can you describe for me the position of the officers who were on the scene at that point, obviously Officer Fisher and Officer McKinley?

CC: This would be Mario, Officer Fisher was on this side, Officer McKinley was on this side. Officer Fisher was kind of semi on his knees trying to pull this arm out from underneath, McKinley was over here on his knees pulling like hell. That's when I got there and he looked at me and I laid across. Once I laid across the legs, that was it, I'm facing the wrong way now.

JA: Okay, so let's come back here for a second. You just described both officers as sort of being on their knees. Did you see their knees on the ground or did you see their knees on Mario Gonzalez' body?

CC: No, on the ground.

JA: Okay and was that the case for both officers?

CC: Yeah.

JA: Okay and when you then laid across Mario Gonzalez' legs, can you tell me what part of your body you used to do that?

CC: From here all the way to my crotch, I was just laying on him like this.

JA: Okay, so from your mid-chest area—

CC: Yeah, from right under my neck down to there because his legs weren't together I didn't—I don't know if you read the thing—but I didn't figure four him, as I explained the reason I didn't is because it would've put me in the middle on top of him because we're pretty much the same height. And I don't know if you know what a figure four is but it, you know, one leg goes to this, the other one goes this way. So, this is the body right here, these are the legs. You fold one leg over and this legs like this so you hold—

well, normally, everybody has their own way of holding it. But me, I did my own from the jail though, so I would lay on it with my body and lock my leg over this one. So, they couldn't get up and couldn't and it leaves both hands free. But, the only thing about it is it puts you on top of a guy. Which is fine except that I didn't want to get in between them because they hadn't cuffed him yet, they're still trying to cuff him.

JA: Okay, that's a good point of clarification. So, at the point at which you got onto Mario Gonzalez' legs, you did not see any handcuffs on him at that point?

CC: No, I only looked back one time when I heard James say, he goes, "Well, he's lifting me." And I didn't even complete—I just went and looked like this and James was almost like in a squat stance then. He had come up; I could see him come up like this and his eyes were really big.

JA: Same question about time as before, this time about you being on Mario's legs. If you had to estimate or guesstimate, how long do you think you were on Mario's legs in the position you've just described?

CC: But I'd really be guessing, ten minutes maybe.

JA: Okay and in that period of time can you describe for me what Mario was doing with his legs?

CC: He was moving around; he was moving me quite easily. I mean, you know, because like I said, at one time I actually thought about getting him and putting him in a toe hold, which is a pain compliance. But I'm like, "It's a waste of time if you're on—" So, I just hung on to him, so it's hanging onto the one leg, it would be his right leg. And his left leg was under me and he'd move them and move me with them, back and forth.

JA: Okay. Was he kicking you at all?

CC: He wasn't kicking as much trying to get his legs, you know, get his legs free. He'd like push and it'd push me but, you know, he didn't actually kick me, you know, as far as kicking me in the body. He was just trying to get his legs up so he could get up.

JA: Did you ever observe him kick any of the other officers?

CC: Not really. I mean, after I left, I had my back to the group when I walked to the car.

JA: Okay and let me clarify, I mean prior to you getting up.

CC: No, no, he didn't kick anyone.

JA: Okay and while you were on his legs in this window of time, did you ever observe him to hit any of the officers, punch them, use his arms in any way?

CC: He was moving around, like I said, he was totally resisting, I don't know how you would put it but there was no punching. But officers never punched, he never punched, no one punched, no one was screaming. In fact, I think I stated it in there, Officer McKinley impressed the hell out of me because Mario just wouldn't go with it. They were both going, "Mario." In fact, a couple times in the report, I mean, I don't know if you ever heard it but even, I said, "Mario, just relax." Twice, I remember saying that plain, "Mario, just relax." And he was struggling, moving guys around like this and McKinley out of nowhere goes, "Hey, Mario, when's your birthday?" and he literally stopped and stated some numbers, I don't remember the numbers. But yeah, it's like he had—you know, in and out of, "I'll do what I want to do but okay, now I want to do this. Oh yeah, okay, I'll tell you that."

JA: I recognize as you said a moment ago that your body was faced in, I guess, maybe the opposite direction of where Mario's head was, is that right?

CC: Yeah.

JA: Did you ever hear him make any noises that suggested to you that he was having any difficulty breathing?

CC: No.

JA: Did you ever hear, and again focus specifically on the time when you were laying on his legs, did you ever hear any of the officers have a conversation that suggested to you that they heard Mario having difficulty breathing?

CC: No.

JA: Did you ever hear any of the officers make mention or have a conversation about rolling Mario over or placing him into a recovery position?

CC: When I left.

JA: Okay, but specifically during the time—

CC: During? No. During the time when I was there, other than, "Mario, relax." You know,

this is the officers, in fact, James a couple time, I don't know how many times he'd go, "Mario, Mario, please, please relax, Mario." And McKinley was the same thing, "Mario, just relax, it's okay." It's like, I don't know how to say it, just super, super nice to him to get him to relax. And all he had—he just wouldn't go with the program no matter what.

JA: Okay and I recognize again, because you were facing a different direction you may not know the answer to this question. But did you ever hear or see any of the officer's place handcuffs on Mario while you were laying on his legs?

CC: No, I didn't see that.

JA: Okay, all right. So, you gave me a window of the time when you believe that you were on Mario's legs. You've talked to me about the positioning of the officers, your position. Tell me about the circumstances that led you to then get up and leave Mario's legs.

CC: Okay, I was lying on his legs and I heard sirens and I could hear them and I knew guys were coming. And that's when all of a sudden, I could hear an officer coming up, I'm thinking it was Officer Leahy and he goes, "Charly, Charly, I'll get his leg." And I go, "Okay." And he took the legs and I—that's when I got up and walked to the car.

JA: Okay and so, did you linger at all before you walked to the car?

CC: No, no I didn't because everything seemed fine to me I just—ah, I'll just get out of the way.

JA: Okay and so, when you say everything seemed fine, what do you mean by that? Was there still a struggle going on? Did they have control over him?

CC: It looked like they had a little better control, you know, because it was like Leahy got there and took the leg, I got up and everything looked okay. No one was struggling, they weren't struggling, he wasn't struggling, no one was freaking out or nothing, it looked fine. So, I just got up and started walking back to the car.

JA: Okay and so, did you see Officer Leahy takeover Mario's legs for you?

CC: I believe he—when I got up, I think he took the right leg and then, I don't know what—because I—to tell you the truth I don't know if it was him saying something or someone else telling me that he had asked—McKinley may have asked him or something to put him in a figure four. And he goes, "No, no, no, I don't wanna lose what I got." I think that was the video I saw, the one little clip that I did see. That's the only one, like I said that I—all of these videos. Everybody goes, "Oh, you got to—" You know what? I

haven't seen them, I don't want to see them, I'm already—pardon my French—pissed off enough as it is. So, no, I don't need to see them.

JA: Okay, why are you pissed off?

CC: Because of that—the one video, the clip I saw that showed—what was it—Officer Fisher's knee on his right shoulder, which I didn't see when I was there. But it was on his right shoulder and the video of the news thing said, "For several minutes." And I know that was bullshit. Because no way—he would've been right behind me because I was on Mario's butt, I mean, his butt was right here. And there's no way in hell James or any other cop could've been on his back without me knowing it being right next to my head. And when I saw the video then they started making all these statements. "They did this, they did that." And you know, I got—the media kind of blew things up and made it really, really, let's say outrageous. And I was like, "I don't want to see it."

JA: So, let me clarify that on that point, as I understand it, obviously Officer Leahy arrives, he relieves you. You then get up and then you said you went back to the car.

CC: Yeah.

JA: How long did it take for you to get back to the car?

CC: Not long at all. Like I said, walk from there to there.

JA: Okay, did you linger at all or look at what was going on before you went back to the car?

CC: When I first got up, when Leahy took the legs, I just—you know, it's just human instinct, you know what I mean? You get up and not—I just stood up and then I started walking away.

JA: And so, when you got up and you looked back, do you recall seeing the position that Officers McKinley and Fisher were in before you went back to the car?

CC: Yeah, they were both on, you know, same as I told you before, they were on his sides.

JA: Okay, where their knees on the ground? Where they on—

CC: From what it looked like to me, knees were on the ground like McKinley—I believe it was McKinley might've had one knee and one foot on—knee on the ground and one foot up. So, he was like kind of leaning over. And I think James was like just almost kneeling on both knees.

- JA: Okay and you said a second ago that you looked at the video, which upset you because people were making sort of observations that may or may not have been true about what the officers were doing. But you mentioned specifically that in one of the videos, it sounds like you saw one of the officers with his knee on—
- CC: Well, the video shows, it looks like Fisher—to me it was when—that was one of the reasons I got involved because when the guy went down, he went down on top of James at an angle like that. You know, which put one leg under him and everything. So, to me, it looked like James had put his knee on the right shoulder to pull himself out from under him.
- JA: But just to clarify, you saw that on the video—
- CC: On the news.
- JA: ... but you didn't observe that in real time?
- CC: Yeah. And it wasn't a video, it was a frame, that's why I was upset. I saw the frame and it showed his knee on the right shoulder. You know? Like just—
- ABW: So, it's a still shot from the video that you saw on the news.
- CC: Yes, it's a still shot from the video, yes.
- ABW: That showed his knee somewhere on the shoulder.
- CC: Yeah.
- JA: However, just to put a pin in this because it's important. You saw this clip from the news but it's not something that you directly observed at the time. Is that right?
- CC: No.
- JA: Okay and then, to go further, at any point on that particular day, did you see any of the other officers, Officers McKinley, Fisher or Leahy, place a knee anywhere on Mario's body? Your direct observations?
- CC: No. Direct? No.
- JA: Okay. Did you ever see any of the officers straddling Mario Gonzalez?

CC: No, sir.

JA: Okay, all right. And so, correct me if I'm wrong, from what you've described for me, in the instances when you saw the officers on the ground with Mario when you were present, those officers' knees—and I would specifically say Officers Fisher and McKinley—their knees were on the ground when you observed them, is that right?

CC: Yes.

JA: Okay. Now, I asked you a moment ago about your observations of the officers when you got up to walk away. You then went back to the patrol vehicle, is that right?

CC: Yeah.

JA: Okay, did you sit down in the patrol vehicle?

CC: Yeah.

JA: Okay, did you close the door?

CC: Yes, but the window's still—

JA: Okay. From that vantage point, were you still looking at this interaction with Mario?

CC: Yes.

JA: Okay. Tell me what you were able to see at that point in time.

CC: Right when I got to the car, just as I was stepping in, I could hear them yelling, "Mario." Everybody was yelling his name and as I looked back, that's when I heard them saying, "Roll him over, do this." Within a matter of—you know, a minute, they started CPR and stuff. But it was as I was walking to the car, right when I was real close to the car is when I heard them going, "Mario, Mario." Everybody was like, "Mario." And then, I looked back and they were shaking him, "Mario." And then, James says, "Roll him over to—" whatever position it is. Duh, duh, duh and they were doing it and then all of a sudden, they started CPR.

JA: Did you watch the officers initially perform CPR?

CC: I believe it was McKinley was first, yeah, I was watching him and then I got in the car.

And then, one of the officers came up because now there was tons of people and fire trucks, he goes, "Can you move the car forward?" So, I moved it forward and then, later on, "Can you move it back?" And I moved it back but yeah, it was just—when it first started and then they were all doing CPR and everybody's around them and then like I said, I had to move the car a couple times.

JA: Okay. Let me go back a moment to the period after you got up, when you were relieved by Officer Leahy, when you looked back for a moment. When you looked back, at that point did you see whether or not Mario had handcuffs on.

CC: I believe so, I could tell, I mean, to me it looked like they were both like this, you know, both officers were like this and I believe they had his handcuffs on, I couldn't swear to it. But yeah, I would—it looked to me like they did.

JA: Okay, you don't have a specific recollection of seeing—

CC: No, I couldn't say positively, no.

JA: Okay, all right. Did you participate or assist in any of the life saving measures?

CC: No, I was at the car and I didn't go back, there was already many officers there.

JA: Did you yourself, call the Alameda Fire Department?

CC: No.

JA: Okay. Again, a question about time, but if you had to approximate, how much time elapsed between the time that you heard the officers yelling Mario's name and the time when you presumably saw Alameda Fire arrive on scene?

CC: Alameda Fire, maybe two to three minutes, two minutes maybe.

JA: And when you were sitting in the vehicle, the patrol vehicle, either before or after this incident occurred, was there anything obstructing your view, a tree or anything else that would've prevented you from seeing clearly what was happening?

CC: What, you mean after?

JA: Both.

CC: Before I could see real well, after, on the ground, from the car I could see, you know, half

of him, the lower half. You know, from like the middle of his back, say, down. I could see the back of Fisher and the front of McKinley but I couldn't see all the way to the head part.

JA: And when you say his back, who are you referring to?

CC: James Fisher.

JA: It sounds like you got out of the vehicle and you were asked to lend some assistance with the legs. If you had not been asked, would you have intervened on your own?

CC: Probably because they were definitely—it wasn't a controlled situation.

JA: Okay, and not to beat a dead horse here but, generally, from what you've told me your understanding is that you should not generally intervene?

CC: Yeah, common sense, I don't but I try not to get involved with anything.

JA: Have you ever in the past been involved in a situation where you've intervened like this before?

CC: Not—only when I was in the jail, lots of times.

JA: But not in the eight years that you've been a—

CC: No, not as a civilian, no, no.

JA: Okay, let me just make sure for the transcription. Not in the eight years since you've been a parking technician?

CC: No, no.

ABW: And that would've been in the course of your duties as a jailer?

CC: Yeah, and there's been many times I could. People don't like parking.

JA: Parking is nice.

CC: "Are you giving me a ticket?"

JA: Let me ask you, during the period of time when you were on Mario's legs, what, if any,

techniques or training that you had previously received did you utilize?

CC: Like I said, I didn't do a figure four which would've been the basic thing, other than that I didn't do anything. I just laid on his legs, hung on to his right leg, I was holding onto that. His left leg was kind of moving around and I was trying to put my leg over that but I couldn't completely control it.

JA: Did you have a sense at any point while you were—excuse me.

ABW: That's all right.

JA: Did you have a sense at any point while you were on Mario's legs that what you were doing, to the extent you could know this, was causing him any kind of pain? Which is to say, if you moved a portion of his leg or one leg did you hear him scream or yell or anything like that?

CC: Yeah. That was the whole thing, never at any time during this whole thing did he ever act like he was, you know, any kind of pain or any kind of stress or anything. He was just, "Ugh," you know, kept going, "ugh." And everybody, "Mario, Mario." "Ugh." And then he, like I said he kept—it's like he was going in and out of, you know, talking sense and then not talking. When he stopped to say his birthday, he literally—like I'm sure you could hear on the videos, I didn't listen to it. But when McKinley asked him, "Mario, what's your birthday." He went, "Oh." And he just fine—like normal, "June 6," whatever, I don't know, something like that. He stated out the date and I was like—I was impressed. Then all of a sudden, he went back to, "Ugh."

JA: So, other than that moment of lucidity where he stated his birthday. Where you able to specifically hear Mario say anything else during this timeframe when you're on the ground with him?

CC: Just mumbling and not—nothing coherent, nothing that you could make any sense out of. Oh, wait, I take it back, he did say senior one time, senior, yeah and I heard him say senior or something like that.

JA: No profanity?

CC: Not that I recollect, no.

JA: Okay and I aske that question, I should've been more specific, on Mario's part. Any profanity on the part of any of the officers?

- CC: No one, I don't believe I heard anyone say.
- JA: Okay, I've asked you about the officers and where their knees were at any point in time when you observed them. At any point did you observe the officers place any other parts of their body on Mario Gonzalez? And I'm not talking about the video that you saw after the fact.
- CC: Yeah, no, I didn't observe anybody put—not on his body. I mean, I—like I said, you know, back there but when I first came in and got down, I don't know if it was on his back. I'm pretty sure if someone would've got on his back while I was on his legs I would've noticed, even though I wasn't looking. Because like I said, I was right against his butt.
- JA: Okay. Let me come back to something you said a little earlier about your initial observations about Mario when Officer Fisher first parked the car. The way that you described it was something to the effect of, you know, he looked like he was behaving like a common drunk or something like that.
- CC: Like he was drunk, yeah.
- JA: Can you add some clarity to that specifically in terms of what you were observing about his mannerisms, his movement, his body language that, in your estimation, led you to conclude that?
- CC: Well, one time I could hear McKinley asking something about, "Mario, are these your bottles?" Or something and I think he said, "Yeah." And then, within a—I don't know—a split second or something he starts talking about kids, Mario did. He just went from, McKinley had asked him, "Are these your bottles?" And he goes, "Yes," and then, all of a sudden, he turns and he's looking down towards where I was and he starts talking about kids. "Oh, yeah, the kids are this and that." And I'm like, "Okay." That's when I stopped paying attention because he's not making sense.
- JA: Okay, was he swaying, was he—
- CC: Yeah, he was kind of—his body, like he wouldn't stay perfectly still, he kept moving a little bit, you know? He'd move here and move there; I don't want to say agitated because he didn't seem like he was agitated he just didn't want to stand still. Didn't want to stand still.
- JA: What kind of ongoing training do you receive, if any, in your role as a parking technician?

- CC: For what, do you mean just as a parking tech?
- JA: Any kind of training.
- CC: Other than writing the tickets and stuff we had to do a pepper spray class because one of the girls, someone ripped some stuff out of her hand. Didn't assault her at least, so it made it mandatory everybody takes pepper spray. But other than that, they didn't—there was no other training.
- JA: Yeah, I know that you sort of jokingly mentioned that people don't like getting parking tickets but we also know—and I know from living in San Francisco and in a lot of places it is really an issue in terms of officers being assaulted in some instances. So, I'm curious, other than pepper spray training, do you receive any kind of training about defensive tactics or anything about how to—
- CC: No, they don't and I actually helped train half of the guys that are working now. As I explained to them and I tell everyone, I go, "The thing when you're writing a ticket is, if you're confused and a person is confronting it, you don't have to write the ticket, leave. Don't argue with anyone, okay? You're not causing the city a problem by just walking away and not writing them a ticket so, don't. And if someone gets in your face and starts arguing, walk away. That's the best thing you can do, there's no sense—" Like I said, there's been many of times I could've got in an altercation. I've had people screaming at me, yelling at me, one lady tried to hit me with a car. But it's just, you know? As long as you don't lose control, you're fine, just stay out of their way and let it go.
- JA: And let me clarify, you said, "I've trained most of the guys." Are you referring to other parking technicians?
- CC: Yeah, Calvin I didn't train, George I trained, Dana who's still on the books but not here right now, I trained her. Two other girls that are gone at the time.
- JA: Did you have any injuries from this particular incident?
- CC: No, I had a little, a tiny little bruise, I think, was on my arm.
- JA: Let's go ahead and stop there, take a break, I'll take a look at my notes, chat with Louise and see what else I'd like to cover and then we'll come back and we'll wrap up.
- ABW: All right.

JA: Why don't we take maybe ten minutes? It's 1:55, we'll come back at 2:05 if that works, is that enough time for you?

ABW: Perfect.

JA: All right so, let's go ahead and pause here. All right, so that's paused there and then pause here. [Unintelligible 00:55:39]. All right, we are back it is 2:05, doing well here. Just a couple of final questions here to clarify a few things. I know you were asked in your previous interview with the sheriff's office whether you recognized Mario Gonzalez. I believe your answer at that time was not that you recall. Obviously, some time has passed so let me ask you again, do you believe that you recognized Mario? Have you since changed your thought process about that or are you still—

CC: No, I don't ever recall seeing him before.

JA: Okay, all right. And in terms of the specific officers who were involved here, Officers Fisher, Leahy and McKinley, have you ever been around them in a situation similar to this? And specifically, a situation where they may be scuffling with someone or needing to sort of utilize force to gain control over someone? Have you ever seen these specific officers involved in a similar situation?

CC: No, sir.

JA: Okay. You were asked previously whether during the course of this interaction you observed anything that concerned you. Your answer was no, does that remain true today?

CC: Yeah.

JA: I asked you a bit about some training that you may receive as a parking control officer, parking technician, excuse me. Do you ever have the occasion to sit in on any of the trainings that are given to the officers? Like there was a training in 2020 about Use of Force, for example and post trainings or things like that?

CC: Yeah, I've gone a few times down to the base and watched them do it, teaching DT and stuff like that.

JA: Okay, do you remember attending this training from end of October 2020?

CC: No, that one I didn't.

JA: Okay and when you say down to the base you're referring to—

CC: Well, there's a mat room down there and they were taking the new guys down there, they would do hands-on, you know? One instructor wears a red suit—they call it the red suit, it's just a complete body pad and they let them hit him full time. But he's resisting so they gave him—it's like, you know—in other words a guy, he'll tell them, "You're going to take me to the ground." But he's not going to let you take him to the ground. So, it gets—there's some pretty good matches going on.

ABW: And you're talking about the former Naval base?

CC: Yes, yes.

JA: All right, and how frequently do you recall doing that, going there?

CC: Oh, I did it like two or three times. Not on a frequency, just maybe once this year, maybe twice one other year.

JA: And this is just out of your own interest?

CC: Yeah, I might've even been working the one day and somebody said, "Come by and get some water." Because it was a real hot day and I'd gone to the base to use the bathroom in City Hall West and they were training some guys. He goes, "Come over by." And I go, "Okay." So, I cruised over there, watched them for a little while.

JA: Okay. We talked earlier about what you observed while you were sitting in Officer Fisher's patrol car and you talked about observing the officers before they went to the ground. Did you ever see Officer Fisher attempt to do a leg sweep of Mario Gonzalez? Or where you not in a position to see that?

CC: I never saw it.

JA: Okay, all right. And so, in terms of them going to the ground, this was just momentum or did you see someone do anything specific that—

CC: What it was was—what initiated it was McKinley trying to take the arm. Fisher had the arm and he had it tucked into his body, behind Mario's back, tucked in, holding it, he was controlling it. McKinley was out here and Mario was just winging McKinley around. And then, McKinley got a little bit of advantage like he had it like this and that's when Mario went zoom. Well, right then it changed and pulled McKinley on top so they all went down. And that's when I go, "All right, I got to go because there's no control and I

don't want him to end up on top and start swinging on people."

JA: Okay, all right. Those are all the questions that I have. Let me first ask whether you have anything else, Louise?

LR: No, I have none.

JA: Okay, Allison, do you have anything you'd like to clarify?

ABW: I have nothing, thank you.

JA: All right, anything you'd like to add or clarify or elaborate on that we've talked about today or that you talked about with the sheriff's officer, that you felt you didn't have enough time to?

CC: The only thing is, like when I talked to that one sheriff's deputy that, like to me it was they couldn't have been any nicer to the guy. To me, it was exceptionally, way beyond normal. I mean, I've been around this stuff before and I've never seen guys be that super nice. Like I said, no one yelled, there was no screaming, no yelling, no fisticuffs, no nothing. Kept just, you know, "Mario." By everybody, even me, I got into the little group going, "Mario, just relax man, relax."

JA: Okay, all right, well that concludes the interview. It is 2:10 p.m., I thank you for your time, I'm sorry that we weren't able to finish this the last time around. But we've got it finished and covered and so, thank you very much.

CC: Thank you.


LR: Yeah, appreciate it, thank you.

JA: And I'm going to stop the recording here. Stop there and—

EXHIBIT 24

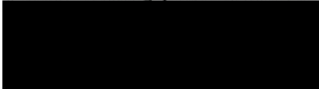
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Transcript of Audio Recording of:
Interview of Officer Russell L. Wise, Jr.
(06/14/2021)

Case: Audio Transcription re: Wise, Russell L., Jr. GMT20210614-193044

Reporter: Debi Devitt

P.O. BOX 85
Penn Valley, CA 95946


INTERVIEW OF RUSSELL L. WISE, JR.
(Conducted by Attorney Jamal Anderson)

GMT20210614-193044
MONDAY, JUNE 14, 2021

TRANSCRIBED BY:
DEBI DEVITT

PIONEER TRANSCRIPTION SERVICES

P.O. BOX 85
PENN VALLEY, CA 95946



JA: All right. Here we go. All right. Good afternoon. It's 12:30 p.m., Monday, June 14, 2021. My name is Jamal Anderson. I'm with the Renne Public Law Group. As indicated in the notice that you received, I'm a senior associate there. Our firm has been retained by the City of Alameda to conduct the administrative investigation into the circumstances surrounding the detention and death of Mario Gonzalez. You've been identified as a witness to provide supplemental information just based on the fact that you had bodycam footage and cut a supplemental report. You are not the target of this investigation. We're simply gathering information as we otherwise would during the course of an investigation. Before we get started, I want to provide you with a couple of preliminary admonitions that we provide to everyone that's interviewed.

The first is with regard to truth. Simply ask that you tell us the truth to the best of your recollection. This is not a test of your memory. It's perfectly fine for you to say that you don't remember or to let me know that there's something else that might refresh your recollection, the supplemental that's in front of you, an email, phone call, whatever. So simply looking for the, for the best of your independent recollection.

The second admonition is with regard to confidentiality. This is a confidential administrative investigation being conducted on the part of the City. You may discuss this, if you so choose, with a representative, if you'd like, however, outside of that person we ask that you not discuss the contents of this interview, your answers, my questions, etc. to preserve the integrity of the investigation until the investigation has concluded.

The last admonition that we provide is with regard to retaliation. You are not to be retaliated against for your participation in this investigation, and to the extent that you're in a position to, you are not to retaliate against anyone else for their participation in this investigation. If, for whatever reason, you do feel like you've been retaliated against we encourage you to contact the appropriate official here at the department or the city's human resources and you may also reach out to me or the firm as well. With that, do you have any questions before we get started or?

RW: No.

JA: All right. Great. I should also note for the record that we are conducting this interview at the Alameda Police Department in the chief's conference room. And so with that, feel free to – you can go ahead and tell me your full name.

RW: My full name is Officer Russell L. Wise, Jr.

JA: And Officer Wise, can you tell me how long you've been with the Alameda Police Department?

RW: Almost 20 years.

JA: Okay. And were you a sworn law enforcement officer anywhere prior to joining Alameda?

RW: [inaudible 00:02:52] County Sheriff's Office.

JA: Okay. For how long?

RW: A little less than two years.

JA: All right. So about 22 years-ish total in law enforcement. And so in terms of your current role with the department, you are an officer, is that right?

RW: Yes.

JA: And what are you assigned to?

RW: Currently assigned to the motorist division. I was the field training officer administrator until about two weeks ago and I just stepped off the team as a senior field training officer.

JA: Okay. And my understanding, based on your supplemental report, is that you are also an instructor for use of force and things like that?

RW: That is correct. I am an advanced defensive tactics instructor. I specialize in weaponless defense, impact weapons, and advanced ground fighting. I hold over [inaudible 00:03:35] certificates in defensive tactics, [inaudible 00:03:40] advance certificates, [inaudible 00:03:42] also a rank instructor for City of Alameda Police Department.

JA: And so do you conduct on-going training relative to the use of force now?

RW: Yes, I do.

JA: Okay. And how frequently do you do that?

RW: Well before COVID we were trying to do it every other month or once a month or we'll just do a class, quick 10-minute class with the lineups. Otherwise, we do what's called an advanced officer course, which is every two years, and we go over all the new training, it's a refresher course. Also, I do for any of the new officers coming in we do what's called a two-week FTO in-house. We spend 10 hours with me down at the mat

room. We go over all the use of force. We go over case law. We go over use of force policy 300, 306, 308. We go over whatever they learn in the academy. Different academies teach different styles. I teach under Don Cameron and Dave Rose who, they work for POST and they are advanced instructors themselves.

JA: Okay. I received some training records from Alex Keaton [phonetic 00:04:58], but I'm not sure that I received any specific records or instructional materials that you've prepared so I think after we're done here I will probably follow-up with you and ask you to just send me – let's see.

RW: The one he sent me is the one I prepare. My name's always on the last page.

JA: Okay. I've got the slideshow. I just wasn't clear.

RW: The slideshow or the outline?

JA: I have what was a power point presentation. I'll go back and double-check. I'll send you an email just to make sure that there's everything that's out there. The long and short of it is we're trying to assess who got what training when, what was included, so I'd rather be exhaustive than –

RW: [unintelligible 00:05:44] should have a roster. They sign the roster at the advanced officer course on who attends.

JA: Okay. All right. Let me just make a note and I think the thing that interests me the most, specifically, is what you indicated about the training for new officers that you provide and go over sort of tactics and that. I'm not sure that I have, but I'll double check. Okay. We'll come back to a bit of use of force stuff in a little bit, for obvious reasons. Let me ask right now, what shift do you work?

RW: I work day shift right now from 9 a.m. until 7 p.m.

JA: Okay. And is that Monday through Friday or?

RW: Monday through Thursday.

JA: All right. Let's go ahead and dive into April 19, 2021 at approximately 10:59 a.m. First of all, you were working that day?

RW: I was.

JA: Okay. And where were you at about 11 a.m. that morning?

RW: I was here at the police department. I had three new officers going through training and I was providing training to them.

JA: Okay. Tell me what happened at about 11 a.m.

RW: About 11 a.m. I heard Officer Leahy go to the radio request for Code 3 cover. I had no idea what was going on; I just knew the location. I jumped in our traffic truck, drove south on Oak Street, and responded to the scene.

JA: Okay. What did you observe when you arrived on scene?

RW: Once I got there Sergeant Mrak was already on scene. She was running up to a patrol car and grabbed one of the WRAP restraint devices. She grabbed it out of the car, handed to me. As I ran up I believe they were in front of 802 Oak Street in a small dirt lot. Mr. Gonzalez was on the ground. I believe Officer Leahy was at his feet. Officer McKinley and Officer Fisher were up by his upper torso.

JA: And sort of assume from what you've indicated, but Mario Gonzalez was on his back at that point?

RW: I don't remember exactly if he was on his side or if they had him in the prone position.

JA: And just to go back, you indicated that really the only thing you heard on the radio was Code 3. No additional details about –

RW: Let me refer to my supplemental report. Yeah, I heard Officer Leahy over the radio request Code 3 cover.

JA: Okay. All right. So you arrive. Sergeant Mrak is grabbing the WRAP; she gave that to you.

RW: Correct.

JA: Is that right?

RW: Yep.

JA: And your intention was to go and provide that to the officers or do the WRAP yourself?

RW: So it all depends on the situation. At this point, the three officers had him restrained. What I would do as the fourth officer, I would get it prepped up. This is what I teach. [Inaudible 00:08:51] from the upper torso for the chest braid, we call it, and then there's the one for the legs. We'll prepare it, and then we'll start working together and get him in that WRAP restraint device.

JA: Okay. But before you were able to do that, what happened?

RW: I believe Officer Fisher – let me just go over my notes real quick – Officer Fisher noticed that Gonzalez was unconscious. He checked him for a pulse and he wasn't breathing.

JA: Okay. And so, obviously, you know that we're trying to sort of piece together the chronology here, and so I want to just dig into something and make sure I understand where things stood when you arrived on scene. You indicated in your report that you saw the officers restraining Mario Gonzalez on the ground so let me clarify. At that point were they just on top of him? Was there any kind of resistance going on? What, specifically, did you see?

RW: They were just, I can't tell you exactly where they were what, I just know that two were on the upper torso. Officer Leahy was on the legs. At that point, I'm just getting the WRAP ready to go.

JA: Okay. All right. All right. So you're getting the WRAP ready to go. You're not able to ultimately deploy it because you hear that he's gone unresponsive. What happens next?

RW: So from there, because I teach this, I teach ground control techniques and I teach the WRAP. Officers are provided training to always monitor the vital signs of the suspect on the ground. If they stop breathing, if they don't have a pulse, it is a medical emergency. At that point I just took over and said, "All right, roll him over. Let's start the CPR." And we, from there, we started doing CPR and I believe – look at my notes real quick here – so it was Officer McKinley who started CPR. I requested over the radio, "Get AFD down there." At the same time, Officer Guerra went and got the medical kit. I asked Sergeant Mrak if she had an AED. AED's are great, especially these circumstances where we can at least try to revive the patient. She said she didn't have one. Brought the medical kit there. Asked for a [inaudible 00:11:13] to see if we had a re-breather in the bag. Again, that works great trying to, you know, keep the oxygen level going while they're you know, applying CPR. The bag didn't have it. It was unknown if he was under any type of drugs, stimulants, or anything else like that. Officer Leahy asked me, "Hey, should we administer the Narcan?" I said, "Go for it. Let's do it right now." So on that point my whole goal right there was to try to save Mr. Gonzalez. Do what we could to revive him. Do every step that we had. I mean, at one point I'm

sending some of the officers over to Walgreens to see if they had an AED because it, it seemed like an eternity for AFD to get there.

JA: A couple of questions. First of all, you know, I've had an opportunity to look at the video, and actually, let me ask you. Have you had an opportunity to look at much of the video that was captured in this incident?

RW: So through AXON I've only looked at mine. Through YouTube I was able to look at everything else once the City decided to release it.

JA: And that video, I think, it's like an hour.

[Unintelligible 00:12:17]

JA: All right. So you looked at that tape?

RW: Yes, I did.

JA: I'm going to ask you some questions about that a little later. The other question is, you know, from my review of the video that you have not seen, it appears that you are sort of in charge, kind of running the show. I recognize the Sergeant is on scene. Was that a role you just assumed because of your experience, because you're a trainer, you know this.

RW: Yes.

JA: Some of the guys were a little more junior, is that how it kind of --

RW: Because it's my experience where something like this has happened and everybody just freezes. Now the whole goal is try to revive the patient because now he's a patient, or she's a patient. The goal is to revive them. What I, what I teach these officers if they have a situation like that, they've bought and paid for this body. They have to do all these steps to revive this person, and that's just the goal. So we do it quite a bit as a training so that way it's second thought. And being there, again, I just stepped in, you know, still on the FTO program. Just started giving orders as I always do.

JA: All right. So let me ask you about -- see, we talked about this -- you know, you mentioned the orders that you provided to one of the instructions early on, as you saw in the video, you know, starting CPR right away. You did not provide CPR instruction yourself, is that right? Okay. But you're obviously familiar with CPR administration. Was there anything about the way in which you saw these officers administering CPR that, that

stood out to you as being not in accordance with training?

RW: No. They just received training, I believe, in October for first aid and CPR. And everything appeared to be going as planned. If you're going to be, you know, in charge you can't just jump in there yourself. You got to kind of orchestrate things and coordinate things. My goal is, again, is to revive him. As one officer gets exhausted, actually we had Officer Guerra, hey, jump in there. Let's just keep the cycle going so that way this person, you know, to get their breath again and then you can switch them out, in and out, until the fire department got there.

JA: Okay. Similar question around the Narcan. It sounds like one of the officers said, "Hey, should we use this?" Or did you say, "Let's get the Narcan in there."

RW: Let me go over my notes real quick. I'd have to look at my video, and from what I remember he asked me, "Should we give him Narcan?" At first I asked him if there was anything suspected on board. He said, "Hey, should we give him the Narcan?" I said, "Yes, go ahead." So and then I asked again, "How many did you give?" and I believe he said two, but, again, I'd have to look at the video. This is two months after the fact. Yeah, that's --

JA: And so you also provided some instructions about getting Mario Gonzalez into the recovery position. Can you tell me about your thinking on that front?

RW: At one point where they were performing CPR, I believe one of them said they had a pulse. I'll give you the actual officer who said that. Actually, I don't have that in my supplemental report. I'd have to look at the video. So basically I directed officers to place him in the recovery position. When the carotid restraint was still authorized, until it was outlawed, any time that you applied the carotid, you would put him in the recovery position, preferably the left because the, you know, the internal organs in the body. Keeps the airway clear, you know, keeps him front if they start vomiting or if they had anything in their mouth. It's able to clean it out. The airway is clear and then we can go ahead and try to get him in an upright, seated position.

JA: Did you, at any point yourself, ever check to see if Mario had a pulse? Okay. Did you recognize Mario when you were on scene? Had you had any prior interactions with him before?

RW: [inaudible 00:16:17]

JA: Okay. Did you ever hear any of the other officers, either before or after the fact, mention recognizing him?

RW: I can't tell you which one said that they did. I do know the homeowner did.

JA: Okay. And speaking of the homeowner, you did speak with the reporting party. Can you tell me what you recall being told? I believe it's [REDACTED]

RW: So that's the wife there. She said, so there was, there was two people. You had mom that initially went outside and saw him at Scout Park over by the trees. I believe, and again I'd have to review my video, that he is speaking gibberish. She went inside try to tell her daughter. Her daughter was on, on the phone with work. And then eventually I think she went out and basically she saw Gonzalez in front of her residence next to some trees. He appeared intoxicated and was [inaudible 00:17:12] at the park she said. Let's see. She said police later arrived and contacted Gonzalez. At one point she kept saying that she had to go get a sandwich. I guess she went to go get one, it was made wrong for her son so she had to back out and get another one. When she backed out of her driveway she could see the officers struggling with Mr. Gonzalez on the ground. I asked her could she hearing anything, commands or anything else like that? Or what did you see? And from what she said, they were struggling with Mr. Gonzalez on the ground next to her driveway. Gonzalez was screaming like he was on drugs. This was her words. Stated it appeared Gonzalez was resisting officers while they tried to restrain him. Stated officers acted appropriately and there was no excessive force.

JA: At any point while you were on scene, did you ever see Mario in the prone position?

RW: In the prone position when I got there?

JA: Just at any point?

RW: Yeah.

JA: Okay. At what point was that?

RW: I believe when I was coming up. And I can't remember if he was on side or was he on the prone. I believe he was in the prone. I can't quote me on that. I'd have to look at the video.

JA: That's perfectly fine. Okay. And so you called for Alameda Fire, as I saw in the video.

RW: Yeah. Myself, and I believe Officer Leahy also called.

JA: Do you remember approximately, and I'm not asking for a specific quote here but,

approximately how many minutes did it take for Alameda Fire to arrive on scene?

RW: I'll give you exact. It took a while.

JA: Longer than usual, you would say?

RW: I'd have to look at my notes here. So I got on scene 11:01. It was pretty quick before I asked for fire. This was maybe 11:05.

JA: 11:05 AFD arrived on scene.

RW: Yeah.

JA: Maybe four minutes?

RW: Yeah. I mean, and when you're trying to revive someone, I mean, yeah, four minutes. It will seem like an eternity to you, trust me. Especially when you're trying to save someone's life.

JA: Okay. And so once Alameda Fire arrived, what happened next?

RW: They took over CPR. As soon as they got there, kind of gave the medic the quick run-down. You know, that he was intoxicated. They already gave him Narcan. They're doing CPR. And then they took over from there. And then from at that point he started putting tape around the crime scene. Starting a crime scene log and kind of locking the place down. It didn't look good for Mr. Gonzalez.

JA: I noticed in the video that you, obviously, you know, were standing in the perimeter of places, talking to people that were kind of coming up. Did you put up the police tape or did someone else do that?

RW: I put it up, and I believe Officer Koutsoubos.

JA: What else did you do on scene that day?

RW: For, so started the crime scene log and that was taken over by one of our police assistants. And, again, I did talk to one of the RPs and her mother. And I actually talked to the husband for a quick second, but I didn't really do an interview with him because this, this whole thing was happening so fast and it was changing. We had Sheriff's Department there. So I think at that point, who was going to do the investigation. So, again, I didn't know Officer Koutsoubos was going to do the whole thing because I know there was

some talk about him doing the investigation. So, again, I try to get what information I could get. And I mostly, my interview was more of a post-use of force type of interview that we do here, especially for the supervisors, to see, you know, what did they see? You know, were they given commands, everything else in that aspect for the use of force part.

JA: All right. I want to then turn to the use of force part here. You obviously mentioned a couple of policies. It also sounds like you watched the video that was released by the department. And your name was given to us as someone who has an expertise in this and so it just happens to be, you know, you were on scene and happened to be here.

RW: Right. All in one.

JA: Let's kind of dive in here. I want to preface this by saying that, obviously, we're conducting an independent investigation. I'm not asking you to reach any ultimate conclusions by way of the questions that I'm asking you. I'm simply asking you, based on the fact that there are a set of policies that are in existence. It sounds like you are a bit of an expert in those policies, given your training, and so I want to make clear that that is the purpose of my asking these particular questions. First and foremost, let me ask you. In terms of the use of force training that you provide. What are the types of trainings that you provide?

RW: So with – we provide weapon-less defense, and what means is utilizing twist locks, wrist locks, take-downs, handcuffing, upper handcuffing. All the case law in that aspect changes with the law in the State of California. We go over all the different impact weapons that they are authorized to use: Strike areas, non-strike areas, personal body weapons – and what that means is kicking punching, pushing, everything else like that. Ground control, so ground control is going to be mostly if a suspect, you know, puts his arms underneath him, how do you get the arms out safely to minimize injury to the suspect, injury to the officer. We also teach leg controls. So leg controls are anywhere from leg traps to figure four leg locks to the WRAP restraint device. We do teach what's call diffuser techniques, which is all the pain compliance techniques. It's all the soft tissues and nerves and to stimulate the nerves to give the suspect to comply without, you know, delivering too many strikes. One of my biggest things with them is to minimize the level of force that they use to overcome [unintelligible 00:23:41] resistance.

JA: Do you have an independent recollection, and I know that obviously there are records, but I'm just curious – do you have an independent recollection of providing specific training either Officers McKinley, Fisher, or Leahy relative to use of force when they first started?

RW: When they first started? I'd have to look back. I teach a lot of people.

JA: Okay. Fair enough. And so are you involved at all when policies regarding use of force and defensive tactics are updated?

RW: Yeah, well, that's mostly going to fall under Lieutenant Foster, but, yes, we do talk about it. We've gone last couple years with the City, I think the changes are coming from the City and not from us experts, as it should. I read case law like night time stories to my kids. This is all I do. This is, you know, so I know it pretty well.

JA: Okay. So let me ask you in terms of the updates and for better or worse, obviously, you know, this incident occurred within a year or so of what happened with George Floyd. Obviously, as you know, given your expertise, a number of changes in the law here in California. So I want to ask you about trainings relative to changes in the law that you've been a part of here at the department. My understanding, per the records that I've received, is that there were some trainings, one in particular. I think it was the end of 20-, end of 2020, is that right? Make sure my math is right.

RW: Yeah, that's our advanced officer course.

JA: Yeah, end of 2020. What was your involvement in that training?

RW: I was one of the main instructors there.

JA: Okay. And in that training do you recall providing any instructions, specifically, about the use of any holds or carotid restraints and/or positional asphyxia?

RW: Yes. We do talk about it in length and depth. I do talk to Greg Fox, especially. One of the big things that come up was position asphyxiation, so we do give a block on avoiding any pressure to the neck and spine. We they are having their knee because the techniques we teach are to use your body to get the suspect under control only on the shoulder blades. Try to get him out of that position for, you know, so that way they're not in the prone position long periods of time, but that could change depending on the suspect's level of resistance and their fighting capabilities. The problem we have now a lot of people go to Jujitsu and some of these officers are not disciplined to go to jujitsu or judo or anything else like that. So depending on the suspect and their actions, that sets the use of force level that these officers [inaudible 00:26:38]. But, yes, we do talk about it. Yes, we do talk to Greg Fox. I do talk to my instructors. In fact, we try to go to an update as instructors once a year, if not every other year.

JA: Okay. And specifically, in terms of positional asphyxia, is that a block that is normally included in these types of training, or as I understand it, was there a greater emphasis on

it this year, given everything that has happened nationally regarding sort of incidents involving use of force?

RW: Well we had talked about it over the years, and I'd say the last couple years, yes, it has come into play a lot more. I think even before the George Floyd incident, yeah, we, we still talk about it because, again, when we teach the WRAP, the biggest thing is to get them into an upright, seated position. But it depends on can those officers get the suspect under control. Just because one or two officers are on each side, and that's what we teach. We teach three officers on there. Two are trying to get the arms from underneath the body. Try to get them in handcuffs. They have to work on the real estate. The same with for legs. They can do leg trap or figure-4 leg lock. Someone's got to get the WRAP restraint device. At this point, there was only three of them there. So what appeared to be a long period of time for the news and all these use of force experts so that way for a fourth officer to get a WRAP.

JA: Okay. And I will dive into some specifics in a second. I want to talk for a moment about handcuffing, which you mentioned. Where in the training that officers receive, either at the outset when they begin or as they continue in the department, would they receive training regarding handcuffing or any updates about case law or anything else relative to?

RW: Every other year for advanced officer course. Unfortunately, with our staffing and lack of staffing, we have not been able to provide more training. Unfortunately, nobody wants to work [inaudible 00:28:42]

JA: More training just in the last couple of years?

RW: Yeah. We can only do every other month, of if we can, we try to do myself and Sergeant [unintelligible 00:28:5100:28:51] we'll try to provide training during lineup, your five/ten minutes. If we see something out on the streets and we see an officer, maybe they're handcuffing was incorrect or they didn't, it just looked ugly we would call it, and we would pull them aside and provide them training. We actually bought \$3,000 dummies to handcuff and to use, you know, for COVID, [inaudible 00:29:15] do all of our techniques on these dummies. So.

JA: And what about de-escalation? Obviously, there's been much talk about that --

RW: Yes.

JA: . . . over the years. How, if at all, are you involved in any training relative to that? The law has changed.

- RW: Right. But, again, we've talked about that for years. We've always talked about using the gift of gab, we would call it, in trying to de-escalate the situation. This isn't a new concept that I know that society now wants it branded as a new concept. We've been, I've been a D-TAC instructor for 16 years and we've been talking about it. To, one, pick and choose your battles, especially with suspects. Try to get them to comply with your words. Unfortunately, if that doesn't work, if you have to use some type of force to get them under control.
- JA: Let's do more general, and then we'll come to some specifics here. You talk a bit in your supplemental report about excited delirium and I'm wondering, how you sort of arrived at -- I don't want to call it a conclusion, I don't want to put words in your mouth -- but what did you base that upon? Is that your review of the video that you saw or conversations with other officers that were on scene or just what you saw yourself?
- RW: I saw [inaudible 00:30:42].
- JA: Okay. Can you tell me what it is you saw that kind of lead you to kind of point in that direction?
- RW: One, it's how large Mr. Gonzalez was; he was apparently overweight. Two, there was a cart right on the side that had a bunch of alcohol with the safety cap still on it. So that would be my conclusion that he's overweight, his body, body mechanics, the alcohol, possibly stimulants. And for someone to just stop breathing and stop moving it was very consistent, after an altercation with officers for excited delirium.
- JA: Okay. And then after watching the video, the hour video, I'll specify which video -- the publicly available video that was made available by the City -- did that bolster your view or did it support, in your mind, your sort of preliminary view about excited delirium?
- RW: So I completed the supp on May 6. Okay. That was only after watching my video. I did not watch the other videos. I do not want to taint my supplemental report, my vision of what I saw there. I can only speak of what I saw. And what I teach other officers to do, you can't say what that officer did. You can only say what you did.
- JA: Okay. But my question is, I guess, at what point did you watch the publicly available video?
- RW: I don't remember when it was released. Do you have the date?
- JA: Let's see. We did -- let's see, the officer originally interviewed by the Sheriff on the 26 and 27. I think that video was publicly made available at the end of that week. So

sometime around end April, first couple days of May.

RW: I probably watched it – I'd have to look at the date because we had another demonstration here. And, in fact, I watched the videos then, maybe the day prior. I'd have to find that date and then I had reached out to Don Cameron and asked him to give me his outlook on it, what he saw, maybe I was missing something.

JA: Who was that?

RW: Don Cameron.

JA: Who is Don Cameron?

RW: He's a use of force expert for POST, Peace Operations Specialized Training.

JA: Okay. So again, my question is, after looking at that video – and maybe I have the sequence wrong – this report is 5/6. The video came out before that. You said you didn't watch the video before –

RW: [inaudible 00:33:12]

JA: So that means you watched it after?

RW: [inaudible 00:33:16]

JA: So my question is, you had already in your mind had a sense of what you felt was going on and then you saw the video, which obviously –

RW: I saw it first on Channel 2. Yeah, yeah. So and it was all over the place, so then, yeah. I don't remember when that came out, but I, I wrote this because I had to ask permission to have my video unlocked so I could watch it and make sure that I write a complete supplemental report.

JA: Okay. So, again, my question. Did what you see in the video, the publicly available video, did that comport with your initial observations about excited delirium about Mario's behavior and things along those lines?

RW: No. I'm, I'm still going to go over what I saw when I first, first got there. And if you're going to ask me, like, if I saw later on and, and this is your question, right? That I watched the videos and that kind of confirms my suspicion of excited delirium?

JA: I mean, sort of. I'm just trying to figure out whether, I'm not trying to, like, pin you down to anything. I'm basically asking, like, yeah. I'm just saying you wrote your report. You have this sense.

RW: Right.

JA: I'm trying to see if what you saw in the video after the fact is consistent with your initial observations.

RW: I'd say it was consistent, yeah. Yeah.

JA: Okay. All right. Fair enough. So, one second, let me see where we are. Okay. I asked this question of the now-former chief, but based on your review of the hour-long video –

RW: Hm-hmm. [affirmative]

JA: And your expertise here, what do you think are the policies that are most specifically [inaudible 00:35:14]. Obviously, use of force is one. Also, [inaudible 00:35:17].

RW: I didn't see any force that was used, except for controls. They didn't use any personal body weapons. They didn't use any batons. I don't know, and it's hard to see in the camera, if they used any takedowns, but I think, in my professional opinion, they used the least intrusive or the minimal amount of force to try to take Mr. Gonzalez in custody, who was actively and deliberately resisting them. Having said that, if you want to we can talk about the placement of the officers, too, from their video that I saw.

JA: Yeah. I mean, I want to talk about all of it, yeah.

RW: So Officer Fisher was obviously, even though it wasn't his investigation, was obviously in charge. He is mindful of how much body weight onto Mr. Gonzalez. His knee placement was exactly where I teach them on the shoulder blade. Nowhere on the neck. Nowhere on his spine. He was conscious when Officer McKinley was also going to apply weight on there and said, "No, no, no. Not that much." Okay. So that leads me to believe that they are conscious of that. They monitored Mr. Gonzalez's vital signs. Trying to talk to him. Get his date of birth. Again, that's something that I teach that they're conscious about it. As soon as Mr. Gonzalez stopped breathing it was apparent that, hey, it's time to provide aid. Even though I jumped in there, they still recognized this, and I couldn't ask for anything but [inaudible 00:36:43] of my students. I was quite actually impressed with their jobs.

JA: [inaudible 00:36:52]

RW: Yes.

JA: Of Mario.

RW: Yes.

JA: When did you do that?

RW: As soon as they said he didn't have a pulse, nor was he breathing. But they mainly jumped into CPR and I'll tell you this, and this is my experience. Sometimes suspects do play possum on you and they will, you know, I used to work county jail, Santa Rita Jail, and they would do the same thing. Magically they get up and start swinging or try to stab you in the neck with a pencil, so.

JA: Okay. And so you redirected there and with the handcuffs as soon as it wasn't –

RW: That he wasn't breathing.

JA: Yes.

RW: Yes, but I think for those guys because now you got, you got to take this in account too. Everything that's going on. We just had the George Floyd incident. Now these are guys, I mean, they're getting tunnel vision. Their heart rate's going up. They're thinking, This guy cannot die, and unfortunately he did die. Okay. So now they're panicking. So and so in some aspects if they're just doing CPR, I'm not going to go, Hey, stop, guys. Remove the handcuffs because now the goal is to save Mr. Gonzalez, to save the patient. So let him just keep going, keep switching out. I don't know when it was removed, and it might have been once the paramedics got there. But, again, at that point, you know, it's just try to save him.

JA: Let's see here. Did you speak with any of the involved officers, McKinley, Fisher, or Leahy about the incident on the day of the incident after, let's just say, after Mario Gonzalez was transported to the hospital?

RW: I don't believe I did, you know, I can't remember. Maybe just not about the incident, very quickly, and then Sergeant Peterson got all three of them out of there, sequestered them because of, you know, Mr. Gonzalez passing away. I mean, this is big situation so it's best to remove those officers from the scene.

JA: Are you involved in these types of investigations when there are issues of use or force or

when there's a death in custody, or however you want to describe it generally?

RW: The last in-custody death I was not involved in. In fact, they did not want the D-TAC staff involved.

JA: Okay. D-TAC, defensive tactics?

RW: Yes.

JA: And are you otherwise generally involved?

RW: Yes, I am.

JA: In what role do you generally play in these types of investigations?

RW: Sometimes we'll review bodycam footage, use of force reports, and the whole goal is not to, to pick it apart to see if the officer did something wrong, if the officer did something right. It's to see if there's something that may be a training aspect. Does this officer require more training? Is it someone that has consistently had more use of forces than the average officer? Is it now with our team blue, you know, we're going to get an alert that, okay, this officer's had this many use of forces in a six-month period. So, yeah, it does go up the chain of command and we look at all those aspects. Could there have been – and the big goal is something, could something, could that officer have done something better in this situation? Is there training aspect? That's how we look at it.

JA: You mentioned – and I might have already covered this. Let's see. You noted in your supplemental report in terms of excited delirium, there was mention of aggression on the part of Mario Gonzalez. And make sure I'm quoting that properly. Let's see. With the recent altercation I found Gonzalez condition to be consistent with excited delirium and may be misquoting – you just said excited delirium is characterized by agitation, aggression, acute distress. Was there any indication to you of Mario's aggression? Is that from –

RW: No, I'm giving the definition of it, of excited delirium.

JA: And so, I mean, is it your view that he was aggressive? You obviously weren't on scene when they were interacting with him; you watched the video. You mentioned a moment ago his resistance, and so do you feel like that fits into this definition in terms of aggressive behavior?

RW: Yes, it does. So, again, I'm giving the definition because, one, he had acute distress and

sudden death. You know, back in the early 2000s, I mean, this was very common, but now we recognize it before so that's why we teaching it. We want to recognize these symptoms and what to do about it.

JA: And in terms of specific training about excited delirium, when do officers receive that? What kind of instruction are they given? Is that part of the broader cohort?

RW: We teach it, again, every two years. So that, all that training is taught during the advanced officer course. They get a little bit more during their field training officer program because they're new and I know, I don't know what the academy has taught them about excited delirium. When I deal with people who are high on drugs, people with disabilities, people who might not be able to understand you, you know, things like that. Try to give them the tools to deescalate the situation and bring a safe resolution to this problem.

JA: Let's see. Let me ask you first about a policy question. You mentioned city council. I'm aware of the city council's involvement, is the word that I will use, in efforts to amend or change policies and the process by which policies need to be set up by the council.

RW: Right.

JA: Obviously, one of the things that we're trying to drill down on is what are the policies, notwithstanding those that are pending, what are those policies that were actually in place on this particular date. I want to ask you about policy 300, specifically. We've received a set of policies, really that were online, and we're trying to figure out, were those the most up to date policies at the time of, and you may not know the answer to this question, at the time of this incident in April or have they been amended in the past couple of months?

RW: Yes, because there was some changes right after the George Floyd incident and lot of it – well, there were some changes to A35PC, de-escalation and the use of deadly force, which had to be necessary and a threat. So a lot of those, this policy I have in my hand, I believe it was the same one that was in place at the time of the [inaudible 00:44:14].

JA: Okay. And when there is a change in, let's just say when there's a change in the law, but the actual policy has not been updated pursuant to what the protocols have to be updated, but understanding is that there is some kind of bulletin or some kind of advisory, notice, or something that goes out to officers to say, hey, this is changed even if there isn't or hasn't been a training yet for them. Is that correct?

RW: There is a training bulletin that comes from personnel training [inaudible 00:44:47], and I

believe for the last year anytime there's changes to our policies it has to go in front of city council to be approved. So with that, that is, that takes a lot of time and I think for some of these officers if we do have something that changes that needs to be implemented immediately so that way these officers aren't liable.

JA: Well, yeah. So I probably anticipated my next question. So what, then, of a situation where the law has changed and, obviously, the policy will need to be changed, but city council hasn't acted so you're in sort of this, there's a bit of gray area, right? Like, the officers have been informed the law's changed. Maybe you're not supposed to do this thing, but the policy hasn't changed. Is that something that, that something that happened here, but what do you do? What is the --

RW: So, okay, and that's, that's a great question. Let's take the carotid, for instance. Immediately once Governor Newsom had changed a law we immediately went over it with all the troops. I believe there was an email on it, don't quote me on that. We went over, basically you can't use it anymore. They took away an intermediate tool, which was very valuable and now we can't use it. So we -- to answer your question, yes. We're on it really quickly even though it's not in the policy. So they know, they're aware of the law. The other one that I had sent out too is with, I believe it's AB392 and 230 Senate bill with changes to deadly force use of deadly force, de-escalation, using deadly force on people with disabilities. I actually sent out a video from the DA association on breaking it down more for everybody so that way they can review the video and understand it and provided them with, you know, information.

JA: Is there a training unit at the department?

RW: Yes.

JA: Personnel training.

RW: And for defensive tactics unit and the range staff we fall under personnel training. So, yes, they are responsible for it.

JA: But you are the guy when it comes to this particular subject matter.

RW: Is myself. We have a team, so we have Sergeant Kaanehe. Actually, from the top so it's Lieutenant Foster, he's ultimately charge, followed by Sergeant Kaanehe, so it's K-A-A-N-E-H-E. Sergeant Yakis [phonetic 00:47:31], myself,)fficer Zielstroff, Z-I-E-L-S-T-O-R-F-F, Siebert, S-I-E-B-E-R-T, you'll have to look this one up but we call him by Mike T because it's a very long last name. Officer, Guerra, G-U-E-R-R-A, I believe, it's probably misspelled, and Officer Yunk [phonetic 00:48:06]. There's been times over the

years I've been in charge of the D-TAC team and then as we had other officers go up the rank then because of their rank they have [inaudible 00:48:19]

JA: You talked about de-escalation [inaudible 00:48:26]. Actually here in the county about interacting with individuals who may be in some kind of mental distress. My understanding is that there is a county resource, which is [inaudible 00:48:39] over the past couple of years, maybe less, and officers have the discretion to utilize that resource, but there's no requirement for them to do so.

RW: Right.

JA: What kind of instruction do officers receive about when to utilize the resource that the county could provide to deal with someone having a mental health issue and when not to? I understand, obviously, that –

RW: Well I think with this one -- well, not this case. Let's say someone who has mental illness and want to [inaudible 00:49:15]. It's not a crime for a 5150, a welfare institution to take your own life. So in that aspect because over the years things have changed where the officers would get there and they would solve it and everything else like that. There's been so much litigation on it now, now the officer is going to use this resources like you said or try to have somebody that you can talk to this individual, maybe a hostage negotiator, but otherwise we try to use that mental illness team. If someone is intoxicated, you know, there's really no one else that's really going to deal with them except the police, unless they're so intoxicated that they're passed out and that would be fire.

JA: Let me just skim my notes to see if I've gotten everything I wanted to talk about. I want to come back to something that you mentioned previously that is worth taking a look at. Th public reporting, I should say, about what transpired here is a little different than what appears in the videos and the time that things occur, and I want to specifically ask about the weight that was placed on Mario, the weight we believe was placed on Mario just because we know of efforts to restrain him. In the amount of time that that was done and any training that officers receive about that. You made a very important point, which is probably the most important point, which is that circumstances can change and, obviously, when circumstances change that obviously means that [inaudible 00:51:51] is a change. So in this particular instance I know that you were not, [inaudible 200:51:58] you were at that scene, they were restraining him. I think in the video that you've seen, the public video, you may have a better sense, but what kind of training do officers receive about how long someone should be on their stomach, potentially, if you're going to utilize a knee to kind of keep them down or try to handcuff them. I guess I'm curious to know what kind of training folks receive around that, with the caveat, obviously, that

there isn't one formula. It's just –

RW: S0, again, like I said before. We're doing the WRAP restraint device, okay, and actually if we're talking about inside grabs and restrain pulling on, outside grabs, two-in-one lockouts, getting [inaudible 00:52:51] on having them work as a team, it's only once that suspect is under control then can we get him in the WRAP. Then we get him upright, seated position. The suspect is the one who dictates how long these officers are on there. Now, we can't be, you know, ridiculous and hold him down for a half an hour. There has to be at one point we got to get that person up. You just don't want him in that position because, again, positional asphyxia, that's the big term right now and, again, you'd have to protect that person. If you go to policy 300 on page 93 it actually talks about everything that these officers are supposed to do, their knee placement, everything else like that. There's not a set timeline on there, if that answers your question.

JA: Yeah. I mean, I think it's – I'm not, you know, giving up any trade secrets here, but some of the coverage was pretty – some of the coverage was just inaccurate and sort of equating where the officers' knees might have been or how long, and obviously when you're doing an investigation we need to know –

RW: Yeah.

JA: . . . how much time, you know, any of this happened, where the knees, or what have you, was, but also what was going on in the surrounding circumstances, which is why my question was focused on training as opposed to, like, what did you see in the video. So that, that's very helpful.

RW: And, again, and I'll just kind of [inaudible 00:54:15] on that. When I'm talking to them, again, the biggest thing is to get them under control. You've got to monitor their vital signs. You have to get them up in an upright, seated position as quickly as possible, but only once they're restrained and the safety has to be turned on. Not just for the, the suspect, but for the officers. So that is emphasized quite a bit because we are aware of, you know, in-custody deaths. You know, let's say the WRAP ten years ago, but you said to each where you're almost pushing the body up so you can get the strap on the chest. So we have to teach people to be mindful. If they have a large stomach you can't press them up that far because you're going to restrict their breathing because they're stomach comes up; it's going to restrict it on the chest so that's another thing. We really want to make sure these officers have all the tools. I can't be there all the time to go, no, no, wait. We have to do this. So that's why we emphasize on this so much, especially in-custody deaths, position asphyxia, any type of device that we use. We also, besides de-escalation, is stepping in, you know, if an officer is violating policy or violating the law. And to be mindful of citizens who are watching this. Unfortunately, these situations are

involving, they are making split second decisions or trying to gain control of this person, maybe they're hurt, their blood pressure is up, they're getting tunnel vision. A lot changes really quick, especially in something like this.

JA: The officers in this particular video seem to be, you know, very patient.

RW: Yes.

JA: . . . with Mario Gonzalez. Appeared to be, you know, pretty kind to him. There were not elevated voices and things along those lines. I want to ask a question related to that about any training the officers receive or any policies, either unofficial or otherwise, particularly as it relates to folks who may be 647(f). Use by way of background, my own personal experience as the district attorney where, okay, well sometimes we'll get cases, you know, sometimes someone will write someone up for being 647(f), but sometimes they won't, right? Sometimes the officer will say, okay, you know, I think they're okay. We'll run them out, what have you.

RW: Right.

JA: I'm curious whether those are conversations that you're aware of here at the department about, you know, okay, what are the circumstances under which someone is 647(f), I think a 647(f) we're going to definitely take this person in, or, you know, we're going to exercise our discretion the other way and say I think they're okay. We will let them kind of go about their way or we'll take them to a sober facility because I know, the public doesn't know, sometimes one or either of those things happen, right? But in this situation, obviously, the decision was made, we're going to take him in. So from a training standpoint, because, again, I'm not asking you to reach ultimate conclusions, what kind of instruction are officers given about how to kind of exercise that discretion?

RW: So I leave that on the supervisors because they're the ones that are ultimately going to get the disgruntle on whether to arrest somebody for 647(f) or not. My biggest thing that I teach when I was a field training officer is pick and choose your battles. If there is a way that we can resolve the issue and this person is intoxicated, maybe they need to go to hospital? Have it done. Maybe they need to go Cherry Hill. Maybe that's someone who is intoxicated and keep causing a disturbance and now potentially violence or anything else like that. Let's get him off the streets. Take him out to Santa Rita and let him cool down and sober up. So that's kind of the goal that we try to do is, one, try to reestablish order there so we don't have any more problems. That has changed a lot over the years. Yeah. A lot has changed.

JA: All right. Let me just skim the rest of this here. Let me see. I'm going to ask you this

just because you train this and, again, I'm not asking you for an ultimate opinion, and I preface this by saying, obviously, you haven't seen all of, all of the videos, particularly the bodycam footage from the primary officers here. But from what you observed in the publicly-available video of the interaction, actually let me see if I can – let me split this up. I want to ask you about two specific things. One, I want to ask you about the interaction wherein the officers were attempting to get Mario into handcuffs as they were standing, before they ultimately took him to the ground. Secondly, I want you ask you about the decision to take him to the ground, which really was kind of, kind of momentum, and then the third aspect I want to ask you about your observations about what you saw of attempts to get him under control while he was on the ground. I ask that question in the context of your training or the training that you provide about ground control. So let's, let's just take them one at a time. So, first, efforts to get Mario into handcuffs. Anything, was there anything that stood out to you about that interaction from a training standpoint?

RW: So from a training standpoint – I didn't watch all the videos. I don't know if I watched Officer Leahy's. I did watch because the biggest concern was knee placement. You know, that was a big thing in all of this so let me back up to that now. So to the initial there, it was evident that Mr. Gonzalez was resisting. This is very common. Anytime someone goes to handcuff him, the suspect will try to bring their arms and they're very strong right here. This is a very strong area because you can sit there for a while and trying to pull that arm back and, you know, get it behind the, the back is sometimes nearly impossible unless you really using the technique that I taught you, and I'm not saying that he didn't. But right there, and I think Mr. Gonzalez's size and strength was, he was able to hold it right there. So some techniques is, is you take him to the ground. So now you have a ground control and now you can use your body mechanics against their body to pry that arm out, and that would be what we call a two-one-knockout. It's very, very effective because the, you know, dynamics into play and it's like a crowbar. You're able to get the arm out. Whether they chose to take Mr. Gonzalez down to the ground or he just ultimately fell, I don't know because we don't have the big camera showing everything. I mean, the bodycam only shows limited things. I think that the good aspects is Officer Fisher's knee placement from Officer McKinley's camera gave a great view. So, yeah.

JA: Okay. Coming up, initial attempts to handcuff. Then they're on the ground. Obviously, not part of the training is the civilian.

RW: Right.

JA: Who works in the department lending assistance. Separate issue. But for the three officers and their efforts to get Mario under control, did anything stand out to you about

that from a training standpoint? Obviously, you talked about knee placement. Anything else?

RW: Yeah, I mean, from a training aspect, I mean, I know Officer Leahy had the legs and he had him pinned down. When I'm teaching I usually want them to either cross them, put them in a leg trap, or figure-4 leg lock because the suspect still has the ability to kick you from that. I mean, someone of Mr. Gonzalez's size it easily could have kicked Officer Leahy right off him. I mean, they just, their legs are powerful; it's the most powerful muscle on the body. So from the aspect, I would prefer that they had him under better control and maybe that's all he could do. I mean, he's not a very heavy guy, you know, he's somewhat skinny so maybe holding on the legs, I don't know. I don't have that camera footage to dissect that area. But, again, that's just from what I saw.

JA: Okay. All right. We talked about the pin, CPR, we talked about . . . Let's see here. We talked about – I think those are my only questions. I will, as I do with all the witnesses, ask if there's anything else that you want to put on the record or anything based on the questions that I've asked that you'd like to put on the record based on our conversation. I will follow-up with you about that specific training that we talked about. The floor is yours.

RW: So, again, I've been a trainer for defensive tactics last 16 years, and that's not including the training I provide when I was in the Marine Corps, the range, I was on the SWAT team so this is all I've been doing for 27 years. And after watching the videos, these three gentlemen did everything how I've trained them, how I've been trained. They used good tactics. They used commands. They tried to de-escalate by talking to Mario. They pleaded with him multiple times to just comply and we're getting to that point now that's an officer safety risk for these officers going to hesitate, going to get seriously injured, if not killed. But back on them. I think everything that they were within policy, the policy that we have here per my training and the law. I saw no violations from any of the videos that I saw. No, again, I haven't watched all the video because it's so long, but from what I've seen there was, they did not violate – especially in policy 300, especially with their knee placement, their pressure on the neck, right on the shoulder blade. I know I'm repeating myself here but, again, I was actually quite pleased with their performance.

JA: There was one lingering question that I asked.

RW: Sure.

JA: That wasn't necessarily substantive, but have you testified as an expert before in use of force or –

RW: For defensive tactics – I believe I did on a shooting because there was – not really certify you as a –

JA: Yeah, you know, we like to get people up on the stand for prelim and the trial and regurgitate.

RW: Right, I can do all that. Yeah, that's fine. Yeah, I have explained that in a shooting one time. My expertise is [inaudible 01:05:46]

JA: All right. Those are my questions. It is 1:36. We will stop the recording now and I'll click this button assuming that that works there. Sometimes it does; sometimes it doesn't.

[end of audio]

EXHIBIT 25

RPLG

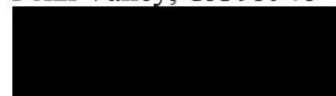
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**Transcript of Audio Recording of:
Interview of Sergeant Emilia Mrak (06/14/2021)**

Case: Audio Transcription re: Mrak, Emilia GMT20210614-214007

Reporter: Debi Devitt

P.O. BOX 85
Penn Valley, CA 95946



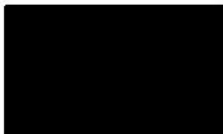
INTERVIEW OF EMILIA MRAK
(Conducted by Attorney Jamal Anderson)

GMT20210614-214007
MONDAY, JUNE 14, 2021

TRANSCRIBED BY:
DEBI DEVITT

PIONEER TRANSCRIPTION SERVICES

P.O. BOX 85
PENN VALLEY, CA 95946



JA: All right. Good afternoon. Today is Monday, June 14, 2021. It is approximately 2:40 p.m. My name is Jamal Anderson. I'm a senior associate with the Renne Public Law Group in San Francisco. We are conducting an administrative investigation on behalf of the City of Alameda into the circumstances surrounding the detention and subsequent death of Mario Gonzalez. I'm here this afternoon with Sergeant – please state your name.

EM: Emilia Mrak.

JA: Thank you very much. We are conducting this interview from the Alameda Police Department in Alameda. Before I begin with the questions, I'd like to provide you with some preliminary admonitions, at the end of which if you have any questions, by all means, feel free to let me know. First admonition is with regard to truth. Simply ask that you tell us the truth to the best of your recollection. It's not a test of your memory. Perfectly fine for you to say if you don't remember something. In fact, we'd rather you say that you don't remember than misstate something that you actually think you remember. If there is something that might refresh your recollection, supplemental report, e-mail, text message that you don't have readily available for you, for yourself right now and you want to look at that after the fact, sort of, correct the record or provide me with additional information, by all means, feel free to let me know and I can follow up with you after the interview. Second admonition is with regard to confidentiality. This is a confidential administrative investigation being conducted on behalf of the city. We would simply ask that to preserve the integrity of the investigation that you do not discuss the contents of our conversation, my questions, or your answers with anyone other than a designated representative that you may choose. But beyond that, we ask that you not share the contents of the conversation so that we can preserve everyone's independent recollection. The final admonition is with regard to retaliation. You are not to be retaliated against for your participation or cooperation with this interview or with this investigation. And similarly, you are not to retaliate against anyone else for their participation in this investigation or for providing us with any information. If you do feel that you've been retaliated against, I would encourage you to contact the appropriate officials within the department or human resources of the city, and/or e-mail us and reach out to us as well. Do you have any questions about any of those admonitions?

EM: No, I don't.

JA: All right. Try to tighten this here. And then, okay. Let's go ahead and get started. Can you again for me state your full name?

EM: Emilia Mrak.

JA: And you are presently employed with the city of Alameda Police Department as a Sergeant?

EM: Yes.

JA: How long have you had that role?

EM: About 13 months.

JA: Okay. And what are your responsibilities as a sergeant?

EM: I'm a patrol supervisor. I have a patrol team of about five that I directly supervise. And I also supervise four non-sworn. And just because of my work days, I'm the watch commander on the weekends. So, I'm also would be responsible for anybody else that's working that day.

JA: Okay. And what are your work days and what is your shift?

EM: Saturday through Tuesday, 7:00 to 5:00.

JA: Okay. And you said you've been in this role for 18 months?

EM: 13.

JA: 13. Excuse me. And what were you doing prior to becoming a sergeant?

EM: I was a patrol officer.

JA: Okay. And how long have you been with the department?

EM: This June 17th will be 19 years.

JA: Okay. That's a good feeling. [unintelligible 00:03:41]. And so, have you been doing patrol the entire time? Have you had other roles? And if so, what other roles?

EM: I've done property finds investigations, community outreach which was called COPS. And school resource officer.

JA: Okay. All right. Fantastic. You indicated that you supervise five sworn officers?

EM: Yes.

JA: Okay. And who are those individuals?

EM: Francisco Guerra, [phonetic 00:04:08] Cameron Leahy, Eric McKinley, James Fisher, and George Koutsoubos.

JA: Okay. All right. And prior to becoming a sworn peace officer, did you, were you, did you have another job in law enforcement?

EM: I was an assistant investigator with the San Francisco District Attorney's Office.

JA: How long did you do that?

EM: About five years.

JA: Okay. All right. So, your law enforcement career has been 24-25 ish years—

EM: [unintelligible 00:04:43]

JA: ...somewhere in there? Okay. Great. Thank you. I want to turn to the incident here, April 19, 2021. Were you working on that day?

EM: I was.

JA: And at or around 11:00 AM, where were you working? What were you doing?

EM: That, during that timeframe, I was in the building downstairs.

JA: All right. You indicated that at about 11:15 AM, you responded to the 800 Oak Street. Or, excuse me. The area of 800 Oak Street. Is that your recollection?

EM: Can I just flip over my—

JA: Yeah, yeah.

EM: ...[unintelligible 00:05:28] here.

JA: You don't have to [unintelligible 00:05:29]. That's perfectly fine. And to be transparent, I'm going to ask you just because I don't know if – have you had an opportunity to review the other supplemental reports?

- EM: No, I have not.
- JA: Okay. Let me say it this way. There's another supplemental report from Officer Wise, who you indicate clearly was on the scene when you got there. His report indicates he arrived on the scene at 11:01. Which means that it probably was the case that you arrived a little close in time. Actually, he indicates that you, maybe, sort of arrived close in time to one another.
- EM: He was right behind me.
- JA: Yeah. So, I think it's possible that 11:15 might be incorrect. But I'll ask you whether—
- EM: Okay.
- JA: ...whether 11:15 seems more right to you, or whether you think it might have been earlier, or...?
- EM: It could have been a little earlier.
- JA: It's not [unintelligible 00:06:26].
- EM: Okay.
- JA: [Laughs] I just want to make sure that we have the right sequence. So, somewhere, 11 ish, 11:15. The main point is you responded to this location. Prior to responding, what information did you hear on the radio about what was going on at this location?
- EM: I heard an officer ask for assistance.
- JA: Okay. Was there any other information transmitted in that initial request for assistance? What was happening? Who was contacted, whether there was a struggle, or anything else?
- EM: Well, I knew that they were contacting someone in that particular area. But I didn't know who or what exactly was going on. So, only, the only thing I knew was they were asking for assistance.
- JA: Okay. And was the initial call for Code 3, or something else?
- EM: I don't remember exactly what the first request was. It could have been a Code 8.

JA: Okay.

EM: Request an additional officer.

JA: All right. So, you heard this information. You're here in the station. And you decide to respond to the scene.

EM: Hm-hmm. [affirmative] Yes.

JA: Is that normal protocol? Or did you just go because you were free and available to go and lend some assistance?

EM: It's not a common thing when you have two officers who were on scene. And I remembered to the best of my recollection that they were dealing with one person. And so, the fact that there was two and they were asking for more made me think that there could be something more going on.

JA: Okay. So, it was more of an understanding just based on experience that two officers on the scene. One was asking for cover. You're the sergeant. You're going to go and see what's going on.

EM: Hm-hmm. [affirmative]

JA: And so, while you were in route, did you hear a call for Code 3?

EM: It wasn't a specifically a Code 3. I remember Officer Cameron Leahy asking for the other responding unit to step it up.

JA: All right. And so, I don't know. Have you had an opportunity to review your video? It's only, like, seven minutes.

EM: Uh-uh. [negative].

JA: All right. No problem. So, there's a call for another officer to step it up. You also stepped it up as I can see in the video. You're trying to quickly get to the scene. Tell me what you remember seeing before you arrived on scene.

EM: I remember seeing a patrol car. I parked right behind a patrol car. And I didn't see or hear anyone initially. And so, I remember getting out of my car and getting out and going westbound, like, towards the park area there. And then, I heard coming from my right side, one of the officers say, 'Grab the wrap from Car 111'. I believe that's the car.

So then, I saw that they were in the driveway of, I think it was 802 Oak Street. And so, I went back, got, opened the trunk. Got the wrap. And as I was getting the wrap out, Officer Wise got there. And he took the wrap from me and went to where those guys were.

JA: Okay. When you first saw the officers with Mario Gonzalez, or the individual that's later identified as Mario Gonzalez, what position was Mario in at that time?

EM: He was pinned down on his stomach.

JA: Okay. And at that point in time when you initially arrived, can you describe for me the interaction that you observed between Mario and the officers? Was there still resistance? Was Mario still? Were they still trying to cuff him? What was going on?

EM: I remember seeing Officers McKinley and Fisher controlling his upper body. And I remember seeing Officer Leahy controlling his feet. And then, I don't remember seeing, like, an ongoing, you know, struggle because I was a little distracted in trying to get some of the stuff for the wrap. Yeah.

JA: And so, I can tell from the video that it was just a very quick, sort of, out of the car, over to where they are, and then immediately kind of like, I'm going to go and get the wrap. But I want to ask in your initial view of what was going on, or I guess even after because you did [unintelligible 00:11:21] back. Did you observe how the officers were positioned on or around Mario?

EM: I can't say for sure. Like I said, I just know that Fisher, Fisher and McKinley were upper torso on his, on his back. And Leahy was at his feet.

JA: Okay. So, you got the wrap out of the patrol vehicle. Let me ask you in terms of the utilization of the wrap. Are all officers trained on how to utilize the wrap?

EM: Yes.

JA: Okay. And does every patrol vehicle have a wrap device?

EM: They should.

JA: Okay. And what type of instruction do you provide to your team, or are officers generally provided about when a wrap should be deployed?

EM: Generally, it's when somebody's being combative. And when you aren't able to safely

control them with just handcuffs. If they're kicking or wiggling around. And the wrap just kind of controls their legs. If they're kicking or bucking, the wrap helps to, kind of, coordinate being able to safely handle the person.

JA: Okay. And so, after you provided the wrap device to Officer Wise, what happened next?

EM: Officer Wise... It happened so fast. Officer Wise was getting out some of the straps and stuff that are used on the wrap. And then, I remember before we were even able – usually what we do is we do the feet first with the strap. But before we did that, I remember McKinley saying that he, that Mr. Gonzalez was not responsive. And then immediately they started CPR.

JA: Okay. What kind of direction did you provide initially once the officers noted that Mario Gonzalez was not responsive? What did you do next essentially?

EM: And again, it happened so fast. And McKinley started CPR. And I could tell that both Officer McKinley and Officer Fisher had been involved in some kind of struggle. And when you do CPR, it can be very tiring too. So, by then, I had multiple units that had shown up. So now it was just a matter of coordinating and trading off who was doing CPR so that it was continuous. Because it usually takes the fire department a little bit longer, or what feels like a little bit longer to get there.

JA: How often are officers trained in CPR?

EM: I think we do it every other year. But I'm not sure.

JA: Okay. And do you participate in the same training?

EM: Yes.

JA: Okay. And just based on your training and experience, in observing the compressions and the life saving measures that you were utilized by the officers, did you notice anything that seemed out of the ordinary, or to this particular situation? Or was it the case that everything seemed to be in compliance with how folks are trained to administer CPR?

EM: It looked to be in compliance.

JA: Okay. So, as the officers are administering CPR, what are you doing?

EM: I'm just trying to make sure that we're able to coordinate the arrival of fire, making sure

that anything else, that if anybody comes around, or just more like scene security as well because they were all in that particular situation. And that's pretty much most of it.

JA: Okay. And so, as the sergeant on the scene, you were the highest-ranking officer there. Is that right?

EM: Yes.

JA: Okay. Can you tell me what – well, first of all, is there a protocol you generally follow in a situation like this? And what steps you did on the scene on this particular day, that sort of follow whatever protocols are associated with an event that transpired that leads to someone's death?

EM: So, the first priority is rendering aid and doing what we can to try to render aid. And then, as soon as fire gets there and we're relieved from those particular duties, then it's my job to find out basically what, what happened, what force was used, if there was any other force used.

JA: Okay. And so, how did you go about doing that in this case?

EM: So, again, when fire got there, I pulled McKinley aside because he was the primary officer assigned to the call. And so, I just asked them, I said, what happened? And he said that they contacted the gentleman. And they went hands-on with him. And then they said they ended up on the floor, or on the driveway there. And that that was it. There's no firearms, no taser, no OC. So then, I didn't ask him anything further.

JA: Okay. Did you have a chance, or did you ask the other involved officers, Leahy and Fisher what had transpired?

EM: No.

JA: And the information that Officer McKinley provided you about the [unintelligible 00:17:44] as to what happened, did you at some point relay that information back to the department here or to the chief or to a captain?

EM: Shortly after, I want to say that it may have been after fire arrived, Lieutenant Crossley got there. And so, I gave the information that I had to Lieutenant Crossley.

JA: What else did you do while you were on scene?

EM: Well, I still, we still had to deal with the whole city. And so, we have an overlap shift

that starts at 11:30. So, I contacted that supervisor and I told him that we were going to be on [unintelligible 00:18:28] for an unknown amount of time. That I was going to need him to monitor the streets. And that we were going to have to start calling people in. And then, just coordinating scene security, getting one of the parking techs to divert traffic, getting another one to help manage the crime scene log. And, you know, working with the fire department to find out where they're going to transport Mr. Gonzalez. Making sure that an officer is assigned to that. And then, getting the involved officers from the streets to the station. And then, trying to coordinate separating them and making sure that they're with a peer for support. And trying to figure out who the reporting parties were, seeing if there was any witnesses around, look at the cameras, and just trying to piece everything together.

JA: In terms of sequestering the officers, how can you describe for me that process? Who transported them back to the station? Where were they located when they arrived, etcetera?

EM: The only thing that I can say about that is Sergeant Peterson arrived after I was already there. And he asked me what I needed. And I said we needed to sequester the officers and we needed to bring them back to the station. And he dealt with transporting them and bringing them here and coordinating a peer to sit with them.

JA: And is that standard department policy in a situation like this, to separate officers?

EM: It's more of an officer-involved shooting type of situation. But when I was on scene, I noticed that Mr. Gonzalez was not doing well. And in hopes of trying to preserve the evidence and trying to just safeguard the entire situation, that's the approach that I took.

JA: Okay. I want to ask whether you have had an opportunity to review any of the body camera footage associated with this incident to include the publicly available video that was put out by the city which I think is, like, an hour or something like that. It splices together different—

EM: To be honest with you, the entire event is extremely distressful. Obviously the, we're witness to the loss of a life and it directly affected most of my team. So, no.

JA: I appreciate that. And it's difficult for me having to watch the video, and stop and pause. But our job is to do the investigation. So, I definitely can appreciate that. And I'm sorry. I certainly understand. I can understand that. So, I will not ask you any questions about that since you haven't had an opportunity review the footage. Let me take a look at something here. Have you spoken to any of the officers involved since April 19th?

EM: I check them regularly.

JA: Okay. Have you spoken with them about anything other than, sort of, their personal well-being, i.e., specifically anything about what happened on the day of this incident?

EM: Their personal well-being. And two of the guys are super young. And they're all, I mean, they're a classy group of men. And, you know, just making sure that their mental health is okay. Because, again, it's a heavy thing not to be taken lightly in any way. So, to answer your question, it's more just welfare checks to make sure that they're checking in and things okay. And just trying to be there for them.

JA: Okay. I want to ask you about training. And specifically, this team given the involvement of whatever people [unintelligible 00:23:42] one thing that I'm reminded of. You mentioned that you are responsible for five sworn officers and a couple of civilians. Is one of those civilians Charlie Clemmens?

EM: Yes. But actually, he works only on – I see him on Saturdays.

JA: Okay. All right. But he does fall under your—

EM: Not my direct. But again, since there's no one else here on Saturdays, then he does.

JA: Okay. And obviously he, as far as I know, was not officially working on, on the day that this happened. This happened to be with one of the officers. Let me turn to a couple of questions about training. Obviously, there's some policies that police departments follow, as is the case here for Alameda. But beyond the specific documented policies, what type of information or conversations have you had, or have you been having with your officers? I'm specifically referencing Leahy Fisher and McKinley. About the issue of position asphyxia.

EM: So, we came together as a team at the end of January. I was gone almost the entire month of February. And so, we have worked together March through April. And the conversation about positional asphyxiation was not one that we dealt with in our regular team line ups. It was more along the lines of our defensive tactics and structure.

JA: Okay. And can you expand more? And I guess I'll give you the broader landscape to let you know where I'm going. And then you can fill in the gaps as you want. I'm mostly interested in knowing, really, in the aftermath of George Floyd about the conversations that you had with your team around associated issues, use of force, choke holds, carotid restraint, position asphyxia, defensive tactics. And so, you can go back as far as you want. I guess before we do that, I should establish and ask you, how long has this group

of men been working together under you?

EM: Since the end of January.

JA: Okay. End of January, 2021.

EM: Yes.

JA: So then, I will focus on that period. So, with regard to the conversations or the line ups as you referenced them involving defensive tactics, what kind of conversations have you been having or were you having as a team about defensive tactics?

EM: Well, we've had conversations involving situations that may have come up during that time period. Like, a newsworthy YouTube video or something along those lines, whether it was an officer involved shooting or what have you. And just not necessarily second-guessing or critiquing the actions that were taken by other officers. But just, either learning on what we believe that they did well, or what they could do better. But that, I mean, it was, defensive tactics is not my expertise. So, the conversations are, again, just geared towards officer safety and just making sure that we're mindful of certain things.

JA: Okay. Certain things like that?

EM: Making sure... And I remember it with that situation too because there were conversations, many conversations had after the Floyd incident about making sure that there aren't too many people on a particular person, being mindful of, you know, everyone's placement in their, as far as the positioning of the body. And like I said, you know, I wish I could remember clearer. I just remember upper body and legs.

JA: Hm. Upper body and legs in terms of areas to be mindful of.

EM: Well, I mean, as far as like, specifically. Yeah.

JA: And then, I do want to go back to the issue of position asphyxia. So, my understanding is that component of a training that occurred towards the end of 2020 included a section about position asphyxia. There was a conversation about it at that time. Does that sound familiar to you, or do you recall that at all?

EM: I don't remember. I mean, I know that it's something that we all had different conversations surrounding it, around that particular subject. But I don't remember anything specific.

JA: Okay. And so, when you say we all had conversations, you mean as a department, not necessarily your team.

EM: As a department. Yeah. Not necessarily my team.

JA: Okay. Have you ever heard any of the members of your team talk about the idea of position asphyxia, or anything related to that?

EM: What do you mean?

JA: Well, I mean, has any member of your team, or have you been around any members of your team when they were having a conversation about the dangers of position asphyxia?

EM: The defensive tactics team does talk about it when we do our defensive tactics training.

JA: Right. But I'm asking about what you've overheard with these particular men.

EM: I haven't overheard any conversations between them.

JA: You haven't provided them with anything?

EM: No.

JA: Are you familiar with position asphyxia?

EM: Yeah.

JA: And what specifically about it are you aware of, or what's your sense about it?

EM: My sense about it is particularly in the prone position when you have somebody down on their stomach, there's the possibility that you may be restricting their ability to fully breathe. Additionally, if they have got something on board, some kind of a narcotic or any kind of, anything on board that that could potentially also create difficulties with their breathing if they are in a position. Not just prone. But they could be, like, other positions that would prevent them from being [unintelligible 00:31:09].

JA: Okay. And so, when you arrived on scene, and remembering, correct me if I'm wrong. But Mario was in the prone position, did you have any thoughts about that or trying to encourage them to get him into a recovery position or anything along those lines?

EM: Again, it happened so fast that I remember wanting to make sure – because, again, I

could tell that both McKinley and Fisher looked like they had been in a struggle. And I remember when Cameron was asking for extra help. And there are times where, you know, we are in a prone position in order to keep them from hurting themselves or us while we get the wrap ready. And then as soon as we're able to safely put them in a prone position. And it usually happens after you do the legs or the feet at the ankles. And while we maneuver and get the rest of the wrap together, we'll put them on their side. But we never even got that far.

JA: I want to talk a bit about the team meetings that you referenced. How frequently do these occur? At the start of each shift, or when—

EM: At the start of each shift, we're given 15 minutes. And it's to talk about the night prior, whatever is a hot topic as far as like, anything that's going on in town here, an event or something where, you know, we need extra units or what have you. We talk – we give out area assignments, meal assignments, car assignments. And then we go around the room to see if anybody has anything to share. And I think, like I said, most of them last anywhere between 10 and 15 minutes.

JA: Okay. And during those team meetings, are there ever conversations about specific changes in policies? So, I say for example, you know, use of force policies change by changing the law. We don't have to get into the ways, but what the city council last approved, blah-blah-blah. But there's a bulletin that comes out, I guess, that kind of informs the officers. Do you have those kind of conversations during team meetings at all? Or is it really just kind of like, a day-to-day kind of operational awareness type.

EM: It's more of a day-to-day operational awareness. When something big comes up, like, when we, you know, when we had the corroded removed from the use-of-force policy, then there were corrected defensive tactics instructors available. And they brought that to our attention. And we discussed it, talked about it. And there was a board for all of us to sign acknowledging it. So, when it's something that's, you know, big like that, then we will. And we also have Lexipol which is our policy that we are responsible for reading through and staying up to date, as individually.

JA: What is the department's policy regarding the exercise of discretion relative to folks who may be suspected to be 647F?

EM: Historically, I was—

JA: Now, I always give the caveat that I was a Deputy District Attorney. So, I, at least, I know, you know, from the agencies that we worked with that different agencies have different policies at different times. We as a District Attorney's Office would have

different policies about what gets charged, what doesn't get charged. And obviously, it's up to an officer's discretion. But sometimes, maybe there are informal rules that supplement formal rules about, you know, when you take someone in, when you let them go. So, I say all that say, I understand what it involves. And so, I'll turn it over to you to
– [Laughs]

EM: As I was saying, historically, starting from, you know, when I was trained through recently, it's always been if you are called to a problem, and if it's a 647F, or whatever it may be, you address it. It was, you know, the broken window theory. You know, if 647F may not be the crime of the century, but it's obviously creating issues for whatever was there. So, it was frowned upon to just say, hey, or, like, you know, maybe you should just not drink anymore. You know, just chill out for a bit and we'll see you. It was always like, you know, trying to determine, you know, if they were able to walk, if they were able to care for themselves. And if they met the criteria, then, you know, you didn't want to just walk away out of fear that they would, especially, you know, as close as Mr. Gonzalez was to Otis which was a pretty, you know, major thoroughfare there, you wouldn't want him to just walk out and get hit by a car or to fall. You know, you're basically just trying to provide a safe place for him or anybody that you contact that meets the criteria for 647F.

JA: So, any specific guidance about, hey, you know, you contact someone. You run them out. They have a couple of 647F arrests or convictions. We take them in. Or, you contact them and they don't have anything. They're not super intoxicated so we'll let them go. Any of those, kind of, informal policies or conversations? Or... Because it sounds like it's evolved from, like, you'll always bring them in to now it's, sort of like, case by case basis.

EM: I would say—

JA: I'm not – I don't mean to put words in your mouth.

EM: Well, I would say that maybe over the last year or so is just because things have been changing in dealing with the unhoused community, in dealing with other social issues, that this particular issue of 647F has come up. And it, I guess you're right. It was more of a, you know, you shall deal with, not officially a shall. A practice shall. Whereas now it's like, okay. Well, if it looks like they're going to be okay, then, you know, maybe we'll, you know, see if we'll let them be.

JA: Is there a sober facility that folks get taken to?

EM: There's – I always get it wrong. It's either Cherry Creek, or Cherry... It's something

Cherry in [unintelligible 00:38:31].

JA: So, that's an option.

EM: It can be an option. Yeah. If they're willing and wanting to go. You can't force them. You have a car to take them. But if they want to go there and sober up, then that's definitely an option.

JA: And then, another option could be to seek medical. Is that an option?

EM: If they're unable to, you know, walk. And if they're really not in good shape because of what it is that they've ingested, then, yeah, medical would be the most appropriate.

JA: Okay. And then, obviously, in the past couple of years there have been conversations in the city included about encountering individuals who may be in some kind of mental distress. And maybe it's a combination of mental distress and substance abuse or alcohol. What guidance are officers provided about when to take advantage of those services? I think it's a county service. Not a mental health provider.

EM: Yeah. So, it's something that we've been trying to use a lot more. Unfortunately, that wasn't an option on a Saturday morning because they're a Monday through Friday organization. So, they weren't available for us to use as a – and additionally, you know, it's like, at the time, I didn't know if it was mental health or if he was 647F because hadn't gone down there.

JA: Okay. Did you recognize Mario Gonzalez when you arrived on scene?

EM: [unintelligible 00:40:11].

JA: Had you ever been out on any calls for service with him?

EM: No.

JA: Do you recall whether any of your officers had previously mentioned him before? There's one officer which is probably not an issue who believes that he had interaction with him at some point. But maybe outside of that, have you heard anyone on your team or any other officers talk about this guy Mario Gonzalez maybe as being—

EM: Not at all.

JA: ...a frequent flyer, or someone you see often?

EM: No.

JA: Okay. And so, in situations where most people who work in this realm know that there are people who we see more frequently than—

EM: [unintelligible 00:40:56]. Yeah.

JA: More frequently than others. When there are encounters with regulars, does that change the way in which those individuals are interacted with?

EM: I would say yes. You usually have a relationship. And that relationship, there comes an understanding. And when they're frequent and they know, you know, that they are, they've gone a little too far. You know, if they're drunk and, you know, creating. And, you know, and they're unwilling to, you know, tone it down and stop drinking [unintelligible 00:41:45]. Well, you know, then it's like, okay, well, they're probably going to get arrested. But again, because, you know, most of us, it's changed so much. But most of us have had relationships with our regulars that you just ask them and they're okay. You know, and they'll just either move on and go somewhere else, or they just tone it down.

JA: With regard to the officers Leahy, Fisher, and McKinley, who was, were they working together as a team before you became her sergeant?

EM: I don't know. I don't know.

JA: So, I'll just focus then on the relatively short amount of time that you were working with them as a team. Let me ask you, did you work with any of them prior to becoming your sergeant either in patrol, or?

EM: James Fisher.

JA: [unintelligible 00:42:50]

EM: Hm-hmm. [affirmative] He's been around a little bit longer. And again, I was an SRO until COVID hit. And then once COVID hit, then I went back to the floor. And they just plugged me into an available spot. So, I didn't – I don't – I can't tell you where Cameron or Eric were with me.

JA: Okay. And so, with regards to Officers Leahy and McKinley, and Officer Fisher, in the time when you have served as their sergeant, I guess, January 2021 to present, excluding

maybe after April, were there any issues associated with any of them involving use of force, discipline?

EM: I don't know.

JA: And I have reviewed their personal files. So, I'm aware. Any other issues? But I'll ask for the records that way we have a clean record that's – when you say absolutely not, no reprimands, complaints, or anything along those lines involving these officers [unintelligible 00:44:09] and their sergeant?

EM: No.

JA: Okay. Any informal admissions, informal or formal admissions that you've provided to any of these three officers about their conduct.

EM: No.

JA: It seems, and this is my observation, just based on what you've said, that you have a lot of respect for these officers in the way that they conduct themselves. So, I will ask you because I think it is part of the investigation, if you'd like to expand on that, to tell me about what your observations have been about them and their interactions with members of the community and other individuals whether they end up arresting them or not?

EM: I'll start with James just because I've known him longer and I've worked with him. He's always the cool cat. You know, level headed and his tone of voice. He doesn't cuss, you know. He's just keeps it mellow. And if a situation is, you know, requires any kind of force or anything, you know, he doesn't – he's not the guy to go overboard. You know, he just does what needs to be done. And Eric, because we were all new to each other, in any of the calls that I would go just to go and see how he deals with the public, he's just a nice person. Like, just, you know, relatable, empathetic, sympathetic. And he would take – he would do his job in a way that if I were the victim of a crime, I would want him to be the police officer to handle it. Not just because of his compassion, but also his abilities as a police officer. The same thing with Cameron. You know, Cameron is a little bit spunkier. You know, he's a little younger. And, you know? But same. You know? Super, super nice, caring, compassionate man. And also, like, very knowledgeable and thorough and wanting to do, they're always wanting to do the right thing. And always wanting to do things for the right reasons. And believing, that, you know, that they are the right reasons. And, you know, I think about the three of them. But, you know, in 20 years or 20 plus years of law enforcement, I mean, I've seen my fair share of some of those people that I'm glad are no longer in uniform. And being a woman in this profession subjected to some of that, I feel like these guys are the future of

law enforcement because of the way they handle calls, because of the way they treat people. And that's another reason that makes the situation challenging. Because they have, you know, I'm not saying that their futures are over. But, you know, it's definitely a bump in the road and life experience. And yeah.

JA: Officer Wise played a pretty significant role on scene it seemed just in terms of providing [unintelligible 00:47:58] to the officers about the administration of CPR and the Narcan and to get Mario into a recovery position, calling the fire, and things like that. Is that a... And I guess, let's see. You just told me that he's been around – it sounds like you guys have overlapped here for about 20 years or so. Is that like, a normal thing when an officer would do on scene, or?

EM: So, Russel and I have worked many, many years together. He is a defensive tactics instructor. He always takes the lead in those situations. And he always does an excellent job. And so, there's no sense in me trying to scream over him to give the same direction, especially in situations like this. In any situation where you've got multiple people, you just want one person delegating and giving commands or orders. So, you know, Russell took that role, which is a pretty standard [unintelligible 00:49:11] role that Russell takes. So, yeah.

JA: Other than – well, strike that. Did you speak with anyone on scene? And by anyone, I mean, specifically any reporting parties or other witnesses on April 19, 2021?

EM: No.

JA: Any members of the paramedic team or EMTs?

EM: One of them. Well, I asked if they were going to transport, and if so, where.

JA: Your bodycam was only the seven minutes.

EM: Hm-hmm. [affirmative]

JA: Is that protocol? Or, obviously, I know that you were on scene for longer because I've interviewed other people. I've seen the bodycam footage from the other officers. Can you tell me why that is? Did you turn it off at some point? Is it because you were providing, sort of, operational—

EM: I turned it off when I went to ask McKinley what was going on. And that's something that's municipal in our policy. And then, I didn't turn it back on because then I started dealing with operational matters.

JA: Okay. May became a moment of you did investigations. But that was for particularly [unintelligible 00:50:52]. Is that right?

EM: Property. Yeah.

JA: But not investigations like IA investigations—

EM: No.

JA: ...or anything like that. Let me just scan this and see if get [unintelligible 00:51:05]. Were you the officer that directed Officer Guerra [phonetic 00:51:32] to go to the hospital with Mario?

EM: [inaudible 00:51:37].

JA: What was the intent behind that directive?

EM: Was I wanted to make sure that there was somebody with Mario just to monitor if he's getting better or if he's getting worse. And I don't believe we had identifying information. And Officer Guerra was the first one that provided us with his name. Because [unintelligible 00:52:05]. Because I know on scene, I mean, I just, I remember the desperation and everybody calling his name. But I don't remember that we had, like, his last name at the time.

JA: Hm-hmm. [affirmative] That makes sense. One thing that I had here that we haven't discussed. Excited delirium. Is that something that you talk about with, or have spoken with specifically about any members of this team in terms of recognizing the signs of excited delirium, how to respond to individuals who might be experiencing that state?

EM: We didn't talk about it in the short amount of time that we were together.

JA: Okay. Is that something – well, you're a brand-new sergeant. Is that something that you have since started to talk about with folks? Or I don't even know what's happened to your team since all of this has happened.

EM: I have one team member. And so, George Koutsoubos is the only one left. Guerra was on [unintelligible 00:53:33] duty and those other guys were gone. So, to be completely honest with you, everybody that's on my team was on overtime. And they're all from wherever it is that we can get anybody to fill a spot.

JA: Okay. Okay. Then, let me ask you just generally beyond what's in, sort of, the Lexipol Policy Manual. Is excited delirium something that people even really talk about? Is it just, like, oh, here's this thing and you should know about it?

EM: The most recent training that we had was, they had a crisis intervention training that we [unintelligible 00:54:12] at their department, or it was. I don't know if it still is. And we had a pretty extensive conversation specifically about excited delirium.

JA: Do you remember when that was?

EM: Oh, man. I know it's been a few years.

JA: Okay. No problem. Okay. I think that covers everything. I always end the interviews just by offering folks an opportunity if you think that there's something that you missed or something that I missed or something that you're now remembering about the incident and what happened a couple of months ago, certainly welcome to share that now. If I have any questions, I'll probably follow up with you directly. But those are the questions that I have. So, is there anything else you want to add or put on the record for the purposes of this investigation?

EM: I can appreciate you looking into this. And I'm just hopeful, you know, that we are able to move forward and make things better for everyone. Not just the officers involved, but for the community so that just wishing and wanting to just reinstate confidence.

JA: Sure. Well, let me ask you a question that I asked Chief Randy [phonetic 00:56:13] before he left. And I'm not asking you to reach any kind of conclusions. And I recognize that you haven't looked at everything. But you, well, enough aware of, sort of, the surrounding circumstances. Do you think there is anything that could have been done differently just based on what you know that might have altered the outcome here? Either from a training perspective, a policy perspective, or anything along those lines?

EM: If I could say anything, it would be wishing for more open dialogue about being okay with walking away. Being okay with not wanting to provide what used to be called the Nordstrom level of service.

JA: What's that?

EM: Which was, you know, when you get a call from a community member, you deal with the issue thoroughly and completely. As opposed to just, not brushing it off, but, you know, not addressing it and then having to go back a second time to take care of a situation. But just having those conversations where, hey, you know, times have changed. And don't

be afraid to use discretion a lot more than what has been used in the past.

JA: Let me ask you because that's actually... And that's really something that Chief mentioned this exact concept. Those were his exact words which makes sense because you're [unintelligible 00:57:54] here. This concept of walking away, obviously, officers exercise discretion in everything that they do, making a determination about whether to arrest someone, or raise any suspicion, help a cause, what have you. Are the conversations that you're talking about, are they, you know, internal conversations? Policy conversations? Because obviously the law is pretty clear. You know, you've got [unintelligible 00:58:23]. People don't always do it, right? Because they exercise their discretion. But then, on the flip side of that, you have folks who say, well, if I leave someone who could be a danger to myself or a danger to others, and something happens to them, you have this, sort of slippery slope.

EM: Right.

JA: So...

EM: Yeah. I mean, it's just – it's something that I've been struggling with a lot over the last year, just again, not just because of what's happened nationwide, but also what we've experienced is there is an incredible amount of community pressure or expectation. And it used to be a lot more prevalent where, you know, X, or Y, or Z, they don't belong here. So, they would call—

JA: In this city specifically.

EM: They would call the police. And the call would be entered in by dispatch. And then the call would be dispatched. But that's not criminal. So, just getting away from entering calls for service that aren't crimes. You know? And not putting, not just the police officers, but the city as a whole in these situations. And in just wanting to just change that. Because a lot of times – not a lot of times. But we are used as pawns, you know, for people. And again, like, you know, I've probably been doing it from the moment I got promoted, even if it would have cost me my stripes with cancelling those calls. And saying, no, we're not going. But again, it was an exception. Like, it wasn't a norm or a standard practice. And again, just... And because we've had an intern chief. And we've, you know, haven't had a very solid foundation, those conversations haven't been happening the way. So...

JA: Sure. Well, hopefully they can. All right. Well, I appreciate your candor. It's 3:41. So, I want to hit end here. Let me get this to work.

[End of audio]

EXHIBIT 26

RPLG

Renne Public Law Group®

[REDACTED]
Transcript of Audio Recording of:
Interview of Officer Francisco Guerra
(06/14/2021)

Case: Audio Transcription re: Guerra, Francisco GMT20210614-170926

Reporter: Debi Devitt

P.O. BOX 85
Penn Valley, CA 95946



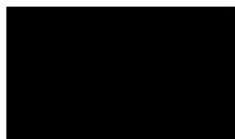
INTERVIEW OF FRANCISCO GUERRA
(Conducted by Attorney Jamal Anderson)

GMT20210614-170926
MONDAY, JUNE 14, 2021

TRANSCRIBED BY:
DEBI DEVITT

PIONEER TRANSCRIPTION SERVICES

P.O. BOX 85
PENN VALLEY, CA 95946



JA: All right. Here we go. I think we're all good. Good morning. Today is Monday, June 14, 2021. My name is Jamal Anderson I'm a senior associate with the Renne Public Law Group in San Francisco. I'm conducting this interview this morning with: please state your name?

FG: Francisco Guerra. F-R-A-N-C-I-S-C-O G-U-E-R-R-A.

JA: Okay. We are conducting this interview here this morning at the Alameda Police Department. As indicated in the letter and as you are aware, our firm has been retained by the City of Alameda to conduct an administrative investigation into the circumstances surrounding the detention and subsequent death of Mario Gonzalez. Before we begin, I want to provide you with a couple of admonitions that we provide to all of the interviewees at the end of which if you have any questions, by all means feel free to let me know. First admonition is with regards to telling the truth. We're simply asking that you tell us the truth to the best of your recollection. This isn't a test of your memory per se, if there's something that you don't remember, it's perfectly fine for you to say that. If you think that there's something that will refresh your recollection, your supplemental report—which I know is in front of you—or something that you don't have in the room today—a text message, phone call, whatever—it's perfectly fine to say that as well and I can follow up with you after the fact. We're really just looking for your best recollection of events.

Second admonition is with regard to confidentiality. This is a confidential administrative investigation and, so, to preserve the integrity of the investigation, we ask that you not share the contents of this conversation or the questions that are asked with anyone other than a designated representative. And I do want to note for the record that you are here today with a representative—if you could state your name?

AK: Sergeant Alex Ke [inaudible 0:02:09.3]

JA: Great. Would you like to acknowledge that you not discuss the contents of the conversation so as to preserve the integrity of the investigation until the investigation has concluded. The final admonition is with regard to retaliation. You are not to be retaliated against for your participation in this investigation or for providing any information. And similarly, you are not to retaliate against anyone else that you may feel is participating in this investigation as well. If you do feel like you're being retaliated against in any way, shape or form, we'd encourage you to contact the appropriate representatives either within the department or the human resources for the city. And you may also reach out to us, although we would first encourage you to contact the department. Any questions, initially, about any of those admonitions before we go any further?

FG: Yeah, just for the record, you said I'm being interviewed as a witness, correct.

JA: You're not a target of the investigation but you are a witness that we are interviewing.

FG: Yes.

JA: Any other questions? All right. You feeling okay? You need some water? Everything good? All right. Let's go ahead and get started, then. You've already stated your name, so that's good. Can you go ahead and tell me your official role here with the Alameda Police Department?

FG: I'm a police officer.

JA: And how long have you been an officer with the Department?

FG: I went to the academy in January of 2018. Started the program in the beginning of July of that same year and I've been a patrol officer.

JA: Okay and so fair to say that you were not a sworn law enforcement officer prior to joining Alameda P.D.? Okay. What kind of educational background or training do you have, other than the Academy?

FG: I'm from Brazil, born and raised. I went to school in Brazil. I went to law school in Brazil. I moved here—I went to undergraduate school [unintelligible 0:04:11.9]. Then I joined the Navy and after the Navy I came to Alameda P.D. to work here.

JA: Okay, great. Another lawyer—that's all—that's what we need. And I say that as a lawyer, although I did other things before, so . . . all right, fantastic. And you indicated that you—I'm going to try to speak up to make sure that the computer can capture us—you indicated that you currently work patrol, is that right?

FG: This time?

JA: Yes.

FG: Because I'm injured.

JA: Okay.

FG: So I'm working light duty so I can keep on the professional [unintelligible 0:04:50.8]

JA: Okay, fair enough. And on April 19, 2021, were you also on light duty?

FG: No.

JA: Okay, you were working patrol at that time?

FG: No.

JA: Okay. And what was your shift as of April 19, 2021?

FG: My shift was day shift, 2nd platoon, Saturdays, Sundays, Mondays, Tuesdays, from 7 o'clock in the morning to 5 o'clock p.m.

JA: Okay, all right. So let's go ahead and turn to April 19, 2021. I obviously reviewed your report which you have in front of you, so I'm going to ask you to go ahead and tell me, were you on duty that day?

FG: Yes.

JA: Okay. And at approximately 11:00 a.m. or sometime there about, where exactly were you?

FG: Could you—because I remember—I don't have a timestamp in my report simply because I just remember what time that happened.

JA: Sure.

FG: But at the time the incident was taking place I was here at the police department doing core overtime—you still have to—we don't do it digitally. You have to actually write the slip and turn it in. So I was here when we were writing that down.

JA: Okay and my understanding is that you heard something come in over the radio or you were monitoring the radio?

FG: I was, I was monitoring the radio but I was actually—once you're doing something else and you're on a follow-up or whatever it is, you kind of tune out from everything else on the radar—I was just listening for my call sign, but then I definitely heard a struggle—someone asking for additional units dispatched, trying to reach someone on the radio so at that point, I kind of remember [unintelligible 0:06:43.6] probably like a struggle going on or—so that was my understanding at the time.

JA: Okay, so let me clarify: do you hear, or did you hear an officer call for backup?

FG: I remember, I remember an officer saying, we'll take another unit—or something to that extent—I heard someone calling for backup. Or someone not answering to the radio and then dispatch sending another unit to you.

JA: Okay, and when you say that you heard a struggle, what specifically was it that you heard that led you to think that there was a struggle?

FG: So I didn't hear a struggle, but because every time that there's radio silence, you kind of assume that there's something else going on that's not allowing that officer to key that mic, say something.

JA: Okay.

FG: And then dispatch starts and I didn't even know at that time that there was a, like I said, I was kind of tuned out to the radio so I didn't, I didn't—my ear was just listening for my call sign, so I didn't even know there was a call involving, like, contacting somebody or two officers—I had no idea at that time.

JA: Okay and I just want to clarify just because it's recording for us as we do the investigation—you didn't hear a struggle, correct?

FG: No, I didn't hear a struggle, no.

JA: Was your sense that there may have been a struggle because of the way that the—

FG: Yeah, due to my experience, you—the radio is a lifeline so as soon as you get raised on a radio, you answer right away. If there's no answer, there's definitely some concern.

JA: Okay, fair enough, okay. And so you heard this information or sound come over the radio—what did you do next?

FG: I remember at first there was a—and this is just based on my recollections—I'm not sure if it's in there—once I heard dispatch sending another unit, dispatch wasn't going to send me because I was out of service at the station—that's what shows on the screen, I believe—so they're not going to send me, even though I was here at the station which is the beat where the call happened. So, when they send another unit, I said, I don't know if I should be going to that. Then I think I heard something else on the radio—I think someone wasn't answering dispatch [unintelligible 0:09:15.6] whatever the case may

be—I don't want to [unintelligible 0:09:18.8] So I went to the car. I went up to my car and there we have a computer with the call logs and everything that's going on. So I saw that there the officers were at Oak Street so I drove there to see if they needed help, that's where I was.

JA: Okay, all right. And so what happened when you arrived on the scene?

FG: So I saw, I saw the, the traffic truck driving in front of me because it's the straight shot—you go out of the parking lot, you're on Oak Street and you make a right turn you're going to go south, that's exactly where the incident happened, at the very end of Oak Street. So I saw the traffic truck in front of me and at that point I was still trying to catch up and see what the call was about—I was trying to get as much information as I could, but at the same time trying to focus on traffic. So I saw the traffic truck in front of me so I just followed the traffic truck. Once the traffic truck arrived there, it was Officer Wiese [phonetic 0:10:22.4] he came out and then when I came out of my car I saw in front of the driveway of the address, I think—it was definitely on the east side of the street—I saw Mr. Gonzalez laying down and I don't remember who at the time out of the officers was just trying to wake him up and I heard someone saying, oh, it's a medical emergency or whatever the case may be, so we just started unzipping his sweatshirt to allow him to breath.

JA: Okay well let's back up and we'll walk through a couple of steps here; so, when you arrived, were there—first of all, when you arrived, what position was Mario Gonzalez in on the ground?

FG: I don't remember. I remember my—I remember my first interaction was he was already, he was already kind of like on his side and someone—I think it was Officer McKinley trying to unzip—I think I put it in my report—yeah, I saw Officer McKinley trying to unzip his jacket and I assisted with unzipping it. And then I heard someone saying, start CPR, so . . .

JA: Okay so, to ask the question again, when you arrived, Mario was on his side?

FG: I don't know if he was on his side when I arrived there. The first position that I remember is—

JA: Let me just take a step back, so I'll ask the question, let's try not to talk over each other, it's perfectly fine if you don't remember anything. You are not a target of this investigation so I just want you to know, I'm just asking for your best recollection of the event. I'm not trying to, like, pin you—

FG: No—

JA: . . . pin you down into anything. So I'll try to ask a better question. When you arrived, what position, to the best of your recollection, do you remember Mario being in? Was he on his side? Was he on his stomach? Was he on his back?

FG: I think he was, like, transitioning from being on his stomach to the side, as they were checking for vital signs, or whatever it is. That's what I remember.

JA: Perfect.

FG: I don't remember which position exactly—

JA: Yeah—we're just trying to piece together the sequence of events here. Okay and so you indicated that one of the officers was trying to unzip a sweater, is that right?

FG: Yeah, it was like a zip-up sweater/sweatshirt—I don't remember.

JA: Okay and did you assist in that process?

FG: Yeah, I remember assisting in getting the jacket unzipped.

JA: Okay and when you assisted/unzipping of the jacket, did you make any observations about Mario at that time? Was he making any noises? Could you tell if he was breathing? Anything along those lines?

FG: No, I think—No I don't. I don't remember noise or breathing—I didn't check for that. It's kind of convoluted, the scene.

JA: Okay.

FG: That some officers were already there, so I was just trying to circle around—trying to find a job; trying to find something to do.

JA: Okay and so after you helped take off or unzip his sweater, what did you do next?

FG: Do you mind if I take a look at my report?

JA: Yeah and I'm going to ask—sort of like we're doing a prelim here—you can look at your report, that's perfectly fine, but when you're responding I just prefer that you respond based on your memories.

FG: I think after unzipping the jacket and I think I heard someone saying, start CPR. So it was a medical emergency from the get-go, when I got there. So I said, well, let me get the first aid kit in the car, due to it being a medical emergency. So I just ran back to my car. We have, like, a first aid kit in the back so that's what I did. I went to get that.

JA: Okay and what happened next?

FG: I came back, put the first aid kit on the ground, kind off to the side. He was—Mr. Gonzalez was laying with back with stomach up and someone was doing chest compressions and CPR. And then—

JA: Okay do you remember who was doing the compressions?

FG: I believe it was Officer McKinley.

JA: Okay.

FG: And then I remember we started alternating—I mean we, the officers started alternating. And then—

JA: Alternating chest compressions?

FG: Chest compressions. And then at some point someone said, Francisco—I don't know if it was my sergeant or if it was Sergeant Merrick [phonetic 0:15:23.4] or if it was Officer Wiese who said, Francisco, go ahead and relieve—I think it was McKinley, who was doing chest compressions at the time—so I just began doing chest compressions as well.

JA: Okay. How long did you provide or administer chest compressions?

FG: I don't know.

JA: Okay. Do you receive training for CPR?

FG: Yeah.

JA: Okay. How frequently?

FG: We receive training at the academy, on CPR—the whole academy block—and we also receive training, in-house training. I don't know how often we've received, but I'm pretty sure whatever's up to post-standards, we receive CPR training during that block.

JA: Okay. Do you remember the last time that you received CPR training prior to this incident on April 19, 2021?

FG: No.

JA: Okay. Based on your training, as you observed the other officers administering chest compressions, did you observe anything that appeared to be out of the ordinary based on your training and experience?

FG: [inaudible 0:16:22.5]

JA: Okay and when you were doing chest compressions of Mr. Gonzalez, did you notice him to be breathing? Was he responding? Was he speaking? Anything along those lines?

FG: At that point when—I don't remember if it was—it wasn't me doing chest compressions—who was doing chest compressions and I noticed that his mouth was partially open but his tongue looked kind of swollen and I was trying to clear the airway so I put my index finger inside his mouth to clear the tongue out of the way and then I heard and I noticed some air coming out of it. So at that point I think we all thought that he was breathing so the next step was—they put him in the recovery position onto his side. Yeah, that's what I remember from my time being there.

JA: How long was he on his side in that recovery position?

FG: I don't remember.

JA: Did you assist in the process of putting him in that position or was it other officers that turned him?

FG: I don't remember.

JA: Let's see here—you indicated that you went to retrieve a first aid kit—did you utilize any instruments from inside that kit or did you just kind of set it off to the side—

FG: No, I set it off to the side.

JA: Okay and in terms of the obstruction, when you went to, sort of, I guess, move his tongue a little bit—did you notice anything else in his mouth? Mario's mouth, that is?

FG: [inaudible 0:18:08.0]

JA: Okay and you indicated that it sounded like perhaps a bit of air might have been expelled after you did that—did you mention that to anyone or did anyone else make an observation about any air that was coming from him after that obstruction?

FG: No, I think as I did the maneuver with my finger some air came out—I think it was like a collective understanding that there was—we all understood there was some air coming out and that's when he was placed in the recovery position. But I don't—I don't remember anybody making remarks as far as—I think everybody was aware at that point at the scene [unintelligible 0:18:48.9] so just discussing—it's not like a surgery room, so . . .

JA: Yeah and any—is there anything else in his mouth—any kind of white substance or any substance of any kind that you remember or anything out of the ordinary outside of sort of moving his tongue around a little bit?

FG: No, not that I remember.

JA: Okay. What happened next, to your recollection?

FG: So after—so, I remember I saw a hand administering Narcan—as soon as [unintelligible 0:19:45.0]

JA: Okay.

FG: And twice—I saw that twice—and we're still doing chest compressions at that point. I think the chest compressions were interrupted for whatever officer was administering Narcan . . . yeah, I don't know if that answers your question?

JA: Yeah—no, I mean, we're just kind of walking through. So chest compressions are going on, you're kind of alternating with some of the other officers. There's—

FG: [inaudible 0:20:19.2] alternating.

JA: Okay and then there's a bit of a break for the administration of the Narcan. What are you doing when the Narcan is administered, as you remember?

FG: So I remember I was doing chest compressions. Well that's to the best of my recollection . . . I don't remember, but I think—or, I don't even know if it was me doing chest compressions. I know I was there, alternating with whoever the officer was doing chest compressions and then I remember seeing a dose of Narcan being administered.

JA: Okay. Have you seen Narcan administered before?

FG: On the field?

JA: Yes.

FG: Not that I remember.

JA: Okay. Are you aware of what should happen if Narcan administration is successful?

FG: If I'm aware?

JA: Yeah. Do you know what it does?

FG: Yeah, if it's countering an opioid overdose, it should bring that person right back to . . .

JA: Okay so did you see that in this particular instance?

FG: No.

JA: Okay and so at what point did you stop doing chest compressions?

FG: I think, I think I was there alternating until the paramedics arrived on-scene. So when the paramedics arrived . . . oh, I think I just began to assist with a neighborhood check.

JA: Okay and so tell me what you did when you were conducting the neighborhood check.

FG: So I, I remember I was assigned I think it was Sergeant Merrick who said you're going to knock on that door—it was [REDACTED]—and I talked to one of the reporting parties, a [REDACTED] [phonetic 0:22:27.0] and, again, because I was just—this is all just based on my recollection. It was kind of like a short, a brief—I didn't even watch my [unintelligible 0:22:39.1] so he said that he called the police—he thought he saw him—Mr. Gonzalez—in front of his house, kind of off to the side of the park—he was trying to—and forgive me, this is my fourth language, so it's going to be hard—there's like some wooden things on the park, like kind of like at this height. I don't know if it's to avoid, like, cars from driving into the little walk-path, but he said, that's what I understood that he said, that he was, Mr. Gonzalez, was banging the bottles, he had some bottles with him—he was banging that against the wooden objects and then he saw the officers contacting him. Then he said a struggle happened with the—when Mr. Gonzalez began to resist the officers. And those were his words, I remember said that when he

started to resist—I don't know how he said it, he was resisting officers or what he was resisting but I remember him saying the word "resist." And at that point, or like I told you, I didn't even know what was going on prior to me getting there. I didn't know what the call was about. I was going based off the computer. And then, yeah, he said that also the unrelated male that wasn't in uniform apparently, according to what he said, just assisted officers as well. When he was there, he assisted the officers.

JA: Okay. I might have asked you this before we were recording, but you were wearing a body cam as all of this transpires, is that right? But you subsequently found out that it had not recorded these interactions?

FG: So when I looked at my—after the fire department arrived there, the paramedics arrived—I looked at my camera and it was blinking green. That means you're on standby; it was not recording. Then I realized that my camera wasn't on so when I went to interview—or to talk to the, the witness, the reported party—I turned my camera on. So the statement that he gave is recorded.

JA: Okay. Did you speak with anyone else other than [REDACTED] on the day of the incident when you were conducting the neighborhood check?

FG: [inaudible 0:25:19.4]

JA: You indicated in your supplemental that you helped officers remove handcuffs from Mario prior to transport. At what point did you do that?

FG: So when I was done talking to [REDACTED] I came down the, the steps at his front porch and I don't remember if it was at that time that my sergeant asked me if I could just follow the paramedics to the hospital, but when I was just checking to—with the paramedics to see where they're going to transport him to, I remember he said, can we get the handcuffs off, so they rolled him onto his side. Then I assisted—I think it was me and another officer who assisted. I want to say it was Officer McKinley, I don't remember—we took the handcuffs off.

JA: Okay so when you took the handcuffs off, was that in the midst of Alameda Fire doing chest compressions or had everyone stopped sort of doing chest compressions at that point?

FG: No, the, the Alameda Fire Fighters weren't doing chest compressions anymore.

JA: Okay.

FG: It was after they determined that they were going to transport him to the hospital.

JA: Okay so at that point, or I should say—you correct me if I'm wrong—at the point at which you were asked to remove the handcuffs, all of the lifesaving measures had sort of stopped and it was just before he was transported, is that . . .?

FG: Yeah and I, I wasn't asked—the fire fighters just asked generically, can we get the handcuffs off—they normally ask that because sometimes the, the suspect is being combative, they don't know if it's okay or not to have the handcuffs on.

JA: Sure.

FG: When I saw that whoever else was, was going to get the handcuffs, I just assisted in getting the handcuffs . . .

JA: Okay and when you removed the handcuffs, were the handcuffs on both of his wrists at that point or were they just on one wrist?

FG: I remember both, both wrists being cuffed.

JA: Okay and were they behind his back or in front of him?

FG: The—his hands were behind his back.

JA: Okay. When you removed the cuffs, you indicated he was, he was turned on his side to remove the cuffs?

FG: Yeah, just so—he was laying on his back, so when—I don't know if it was the paramedics or whoever turned him on his side, we were able to get in there and get the cuffs off.

JA: And you followed the paramedics to the hospital, is that right?

FG: Did I follow them? They were parked on Otis Street—Sergeant Merrick said, hey, can you go to the hospital and standby there? So the paramedics took Oak Street [unintelligible 0:28:13.2] onto Willow to the hospital and then I just drove north on Oak, so I, I didn't have eyes on it the whole time. So when I arrived at the hospital, that's when I—they told me that he was—whatever his number was—and I was there just to, just to standby.

JA: Okay and so when you were there standing by, were you outside of the room where they

were treating him? Where were you in the hospital?

FG: Yeah, so I was right outside the room that they were treating Mr. Gonzalez.

JA: Okay and what was the primary purpose of your being there, as you understood that?

FG: Well, my sergeant told me to go and I just went there, so whatever the situation unfolds from that point, there is an officer there.

JA: Okay. I ask that in the context of sometimes there are circumstances where a suspect is transported to the hospital—that person may be subsequently arrested, perhaps sometimes instructions are given to stay there to place the person under arrest, what have you—so that's why I'm asking the question.

FG: Well, what it—like I was saying, when a—with everything that was going on at the time was very dynamic and since I wasn't managing the scene, I was just told to go up to the hospital so that's what I did.

JA: Okay, fair enough. And so how long did you stay at the hospital?

FG: I don't remember, like, I don't remember a timeframe. I was there for the whole—they performed life saving measures and I was there for the whole time until the officer—the doctor who was in charge at that point, pronounced him deceased and then I called the coroners and I was there until the coroners arrived.

JA: Okay and you said you were there while they were performing life saving measures—did you watch them performing life saving measures—

FG: Yes.

JA: . . . okay were you, like, in the room—

FG: I was outside of the room—

JA: . . . was there an [inaudible/overlapping 0:30:05.1]

FG: . . . but there's a big door that was opening and I was just standing by right outside.

JA: Okay. What did you see them doing?

FG: There was a bunch of people from hospital staff—I don't know, I don't know their—I'm

not an expert in the medical field but I saw—what I was seeing was the whole—they're talking, they're communicating.

JA: Okay and you said the doctor came out and pronounced Mario deceased—

FG: Yeah.

JA: . . . at what time?

FG: As the doc came in there, what he told me—this is based on what the doctor told me—it was 11:45.

JA: Okay. What happened next?

FG: So after he was deceased, I, I called the, the coroners—the Alameda County [inaudible 0:31:02.6] and they said they were going to send somebody there. They asked information that they normally asked—what's the name of the deceased? So after they got the pertinent information they said they were going to [inaudible 0:31:21.7] so I was just waiting until they arrived.

JA: Okay. And at some point did you take photographs of Mario's body?

FG: I did.

JA: Okay. Were you instructed to do that?

FG: Yes.

JA: By whom?

FG: I don't, I don't remember at that point if it was—it was definitely a supervisor, so at that point I didn't know who would—if we were going to be investigating a DOA—I didn't know what it was but I was instructed to take photographs so I just went in there and I just—we have an Axon Capture app on our phones that's linked to evidence.com so I took the pictures with that—with that app and just uploaded them.

JA: Do you remember approximately how many photographs you took?

FG: [inaudible 0:32:15.4]

JA: Okay. What parts of Mario's body did you take photos of?

FG: I don't remember—torso, legs—like I tried—it's kind of hard because he was laying on a hospital stretcher so . . . up high—I don't, I don't remember. I tried to take pictures of the whole body. I don't remember if I got pictures of his back—I don't—I'm not sure.

JA: Okay. I've seen the number of photographs that you've taken and they all appear to be of him lying on his back so just to clarify, you don't remember if you took any pictures of his back or you don't . . .?

FG: No, I don't—so when I'm saying I don't remember them turning him on his side for me to take pictures of his back.

JA: Okay.

FG: And I didn't get asked that the hospital staff—I just took pictures of his body.

JA: Okay. Was there anything that stood out to you in the pictures that you did take or the observations that you did make of his body in terms of any bruising around his neck or his shoulders?

FG: [inaudible 0:33:17.3]

JA: Okay and it sounds like—and you can correct me if I'm wrong—you didn't see his back so you don't have any observations of his back?

FG: No.

JA: Outside of the area around his neck and shoulders, did you see any other indications of bruising anywhere on Mario's body—on his legs, thighs, stomach or anywhere else?

FG: [inaudible 0:33:53.1]

JA: Since you've joined the department, have you utilized the services of any kind of county resource for mental health services, if there is a code and there's someone who may be helping with a mental health crisis—have you received any training or guidance about when to utilize those services?

FG: To utilize those services?

JA: Or instruction about that you can use them, or how do you use them?

FG: Yeah, I've used them—the mobile crisis—I think they call them Mobile Crisis Team, but I think the only issues is they only work business hours during the weekdays.

JA: Okay.

FG: But it—they'll come around—if they're—I think if the patient has—if they have, like, a profile with them they'd know who the person is, they will come out and assess . . . assist with mental health causes.

JA: And you found them to be pretty effective or useful?

FG: When they show up, yeah. When they—but it's kind of tough to have—it's not every, every call that they can respond to.

JA: Okay and is that just because of capacity or how long it might take them to arrive somewhere?

FG: No. When they commit to coming, they're pretty—they're here within 20 minutes but I think it's the biggest challenge is having someone come.

JA: Okay and when you arrived on scene or at any point after observing Mario Gonzalez, did you recognize him at all from any prior calls for service or anything like that?

FG: I might have seen him during a call for service before—I don't know—it's—I see so many people every day, it's hundreds, thousands of people—I don't know . . .

JA: Yeah, I get it. You just—just a question whether or not you've ever been at a call—

FG: When I—in seeing him, I didn't recognize him at all.

JA: Okay. Let's see here—let me just skim my notes for one second and see if there's anything that I missed. One question that I have: I do note that at the bottom of your report, it indicates the date the report was written was May the 10th. Does that sound not right to you in terms of how far after the event you wrote the report?

FG: Well, it wasn't—it wasn't on—I remember generating a supplemental report just, just when I came back and I had the, the core temperature and all those things that I needed to put into the report—I remember generating, opening a supplemental report page, but not putting anything in there and then I was instructed not to from the investigators from the DA's office—they said that they were going to see who they were going to talk to or not. So I think at that point we were just waiting to see if someone was going to contact us or

not and when they said, no, you guys are—you guys are just going to write a supp, so I don't remember—yeah, May 10th, yeah, it sounds about the timeframe where, where I, I wrote the supplemental report.

JA: Okay . . . just give me a second here . . . when you were on scene, did you ever check for a pulse on Mario?

FG: I don't remember.

JA: Okay. You indicated in your report that it appeared that he had no pulse and I'm trying to figure out was that based on maybe something someone mentioned to you or the fact that he—

FG: Well—

JA: . . . wasn't moving?

FG: . . . so I remember—I don't know if that was—if I checked the pulse, but I know that for sure officers checked the, the pulse and because—and throughout the, the process of performing CPR—but because we're performing chest compressions, leads me to believe that he had no pulse. But I, I don't remember. I might have. I don't, I don't remember.

JA: Okay. I think that concludes my questions for you. Is there anything else based on the questions that I've asked you that you are now recollecting about this particular incident that you think would be helpful for us to know?

FG: Oh, so I—you asked if I have—if I remember him from previous incidents, I'd never seen him before—so it's standard procedures for us to try to find a picture or an I.D. and sometimes we use CRIMS [phonetic 0:39:15.2]—so I looked up CRIMS to see if he was there and that's how I kind of confirmed—because there was a, a booking photo and I was looking at his page to—it was in there. And I also saw there was an outstanding warrant—I don't remember what it was for or—but I remember that looking into the CRIMS web page I saw that in there.

JA: Okay.

FG: But I didn't tell the doctor at the time.

JA: Okay and you did the search just based on the name that was given to you on the scene?

FG: I don't remember how I got the name—it was either from the hospital or someone had

given the doctors a name but I still needed to, to confirm that that was the person before—prior to calling the coroners because they're going to request [inaudible 0:40:03.0] what's his data. So I remember seeing that, that a request for—there was an outstanding warrant. I don't know if that helps you at all.

JA: Yeah, no . . . okay. All right. Well, it is now 10:49 so we will conclude the interview and I will stop the recording.

[audio end]

EXHIBIT 27

RPLG

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[REDACTED]

**Transcript of Audio Recording of:
Interview of Officer George Koutsoubos
(06/14/2021)**

Case: Audio Transcription re: Koutsoubos, George GMT20210614-155115

Reporter: Debi Devitt

P.O. BOX 85
Penn Valley, CA 95946



INTERVIEW OF GEORGE KOUTSOUBOS
(Conducted by Attorney Jamal Anderson)

GMT20210614-155115
MONDAY, JUNE 14, 2021

TRANSCRIBED BY:
DEBI DEVITT

PIONEER TRANSCRIPTION SERVICES

P.O. BOX 85
PENN VALLEY, CA 95946



JA: All right. There we go. All right. Good morning. Today is Monday, June 14, 2021. It is approximately 8:51 a.m. My name is Jamal Anderson. I'm here at the Alameda Police Department with – correct me if the rank my rank is wrong -- officer, and tell me your name.

GK: George Koutsoubos.

JA: Okay. Thank you very much. And before I begin with some initial questions I'll provide you with some admonitions, which you're probably familiar with. If you have any questions, by all means, feel free to let me know.

The first admonition is with regards to truth. Simply ask that you tell us the truth to the best of your recollection. This is not a test of your memory. If there's something that you don't remember, perfectly fine for you to say that you don't remember. If there's something that would refresh your recollection, a video, text message, supplemental report, whatever that you don't have before you today that you would like to refresh your memory with after the fact, by all means feel free to let me know. I'll follow up with you about that.

Second admonition is with regards to confidentiality. As you know, this is a confidential administrative investigation. To preserve the integrity of the investigation we ask that you not speak about the contents of this conversation or your answers or my questions with anyone other than a designated representative, who you had a right, or you have a right to engage with as you, as you see fit. But beyond that we ask you not to discuss the matters with anyone else so that we can get your best recollection and the best recollection of the other witnesses that we interview.

The third admonition is with regard to retaliation. You're not to be retaliated against for your participation in this investigation. Similarly, you are not to retaliate against anyone else who you know or believe may be participating in this investigation. If you do, for whatever reason, feel that you are being retaliated against, I would encourage you to contact the appropriate officials like HR or someone at the department or you may also reach out to us. That's perfectly fine. Any questions about any of those admonitions before we get started? All right. So feel free, again, for the record to state your full name for me.

GK: [inaudible 00:02:09]

JA: And can I call you George?

GK: [inaudible 00:02:12]

JA: Great. Thank you. Can you tell me what your current role is with the Alameda Police Department?

GK: I'm assigned to the patrol division. I'm also a field training officer.

JA: And how long have you been with Alameda PD?

GK: Coming up on nine years.

JA: Okay. And were you a sworn law enforcement officer anywhere else prior to joining Alameda PD?

GK: Before was Contra Costa County, and then Mariposa County SO.

JA: And Contra Costa County, was that the SO as well?

GK: [inaudible 00:02:44]

JA: Okay.

GK: Primarily working out of the City of Oakley.

JA: Okay. Were you a deputy sheriff in both of those locations or?

GK: Yeah. So Contra Costa County was, they had contract cities so among the contract cities were CoCo were, at that time, Oakley, San Ramon, Danville, Lafayette, and [inaudible 00:03:01]. So I worked for the City of Oakley so for all intents and purposes for the citizens of Oakley they saw Oakley PD, wearing a blue uniform, but was I was under the Contra Costa deputy so I was a deputy, but also a police officer.

JA: Okay, great. And you said nine years with Alameda PD and what was you indicated field training officer was one. What other roles have you played in your time in Alameda?

GK: Member of the CNT team, which is the crisis negotiation team, hostage negotiations. Let's see. I think that would pretty much all that I signed for so field training officer and CNT. I kind of minimized ancillary duties that I've taken on over the years because I'm kind of a late bloomer in life and have younger ones so the younger guys say yes to everything, but, you know, now it's kind of more priority shift a little bit to where I'm not saying yes to everything. I want to spend a little more time with the little ones.

JA: Okay. Fair enough. What shift do you currently work?

GK: It's probably called the day shift, so 7-5. Here it's called second platoon, don't know why. Doesn't make any sense. Maybe first platoon since it's, like, the day shift, but it's 7-5.

JA: Okay. And Monday through Friday?

GK: Saturday, Sunday, Monday, Tuesday.

JA: Okay. Okay. All right. And let's see here. In terms of your general responsibilities, you're on patrol you indicated. What are your general responsibilities on patrol?

GK: Gamete for work, crime deterrence, traffic enforcement, responding to calls for service, taking the reports as necessary, which include [inaudible 00:04:46] runs everything. DUIs, domestic issues, assaults, property crimes so anything you could think of relative to, you know, [inaudible 00:04:57], cop stuff.

JA: Okay. Were you on duty and working on April 19, 2021 at approximately 11 a.m.?

GK: Yes.

JA: Okay. Were you working in a particular district at that time? Or where were you?

GK: So the city is split up into five beats, we call them sectors. So I was, I work primarily on the west end, which would be the far west end is the base, which is Beat Five. Right next to that, little bit further east, but still considered west is Beat One, which is where I usually work. Beat Two is, like, mid-town going from my beat to, you know, middle of the city. Then Beat Three goes from that portion to the bridge, and then Beat Four is Bay Farm. So I was, I was in Beat One.

JA: Okay. And around that time on that day, did you overhear something on the radio or what happened, if you recall?

GK: Yeah. I was at the Extended Stay Hotel, which is 1150 Morgan Village Parkway talking to my wife. I can't remember what we were talking about, but I heard my call sign and asked if I could respond to 31, which is Officer McKinley, he was 2-31 that day is his call sign. Asked me to respond there so I said, "Yep." Came out, headed over there.

JA: Okay. And you said you were talking to your wife. I presume that was on the phone?

GK: [inaudible 00:06:16]

JA: Okay.

GK: In a FaceTime to see the little ones.

JA: Absolutely. What information initially did you hear over the radio?

GK: That he was out on one. But, again, it's when you hear that 100 times a month, you know. Meaning that, you know, there's a report of a 9-12 person or suspicious person, we'll get on scene, you know. If we see them and anticipating contact within the next few seconds after we get out of our car, the trap would be, you know, 2-11, 2-11, I'll be out on one, letting dispatch know that you're going to be out encountering the person. So just bringing up the call I kind of [inaudible 00:06:56], I kind of see things as dispatch is entering information as they get it real-time, whatever they might consider relevant or whatever the RP, or the reporting party, is calling in. They can just put in the text of the call. So I just brought up the call to look at it because I really wasn't – I can hear what everyone's at, but it sounds like, again, it's just a very mundane, you know, someone 9-12 person in front of someone's house. So just brought the call just be like, oh, what do they got? Okay. I'm just starting heading over there.

JA: Okay. What happened when you arrived?

GK: So it's, I could hear, it sounded like there was struggling on the radio. 41 was Fisher, asked for another unit. People started kind of upping their response so Extended Stay is, again, it's on the west end, probably – I haven't done the Google Maps – probably two miles from, a little over two miles from where they were at. So I heard 50, which is Leahy, ask for code-3 so that's when I, you know, lightbar and siren and just picked it up. And then along the way I heard 31, which is McKinley, say they had one detained. So one detained means, you know, for anyone in APD listening, one detained is [unintelligible 100:06:56] in handcuffs; is detained. So, so there could be a code-3 cover call and then somewhere along the way, you know, he's 12-31. 12-31, have one detained. So that lets me know someone is in handcuffs so shut it down. Slowed down a little bit. And then prior to getting there, 50, Leahy, asked for code-3 cover again. So I went back to code-3 and got there. When I got there, there was, I could see CPR had begun. So I got out and just ran up and so there was Officer Guerra, Fisher, McKinley. I think it was kind of switched in terms of compressions. I think Francisco, Officer Guerra, might have been doing him as I got there. It might have been Fisher, or McKinley. Fisher I don't think – Fisher stayed at his head so I think the compressions were between McKinley, Guerra, and myself. So I, I think I was, I was the last person to be administering compressions. I relieved either, might have been McKinley or Guerra,

but they each did, like, a round and it kind of can get a little physically, you know, laboring so I relieved one of them -- I can't remember which one it was I relieved -- and just continued with compression until AFD, they showed up a few, few minutes, maybe two-three minutes later. And they got there and they took over.

JA: We'll come back to the scene in in a moment, but tell me in terms of your training relative to CPR, how frequently do you recall getting training [inaudible 00:10:00].

GK: I believe [inaudible 00:10:01], annually or it might be every two years. I think the last one was maybe a year-ish, or maybe a little longer, so it might be every two years. I can't say definitively.

JA: Okay. And so going back to the nineteenth. So when you arrived there were already officers doing chest compressions. Did you immediately go to where they were doing the compressions, or did you do anything else?

GK: I went to where they were. So, and it's kind of chaotic, but there's people trying to do things in terms of rendering aid. So I think I talked to Fisher. He may have gotten up. This might have been after [unintelligible 00:10:40] got there. Asked if he was okay. Needed [inaudible 00:10:44]. It looked like they had, you know, I been there. I understand the struggle on the ground. So it's just dirt and Fisher's hair was a little, hair messed up. I just asked, you know, if they were all okay.

JA: Right. And I know this may seem like an obvious question, but the individual they were rendering aid to, what position was he in at that point?

GK: He was on his back.

JA: Was he moving at all to your recollection?

GK: [inaudible 00:11:10]

JA: Okay. And approximately how long did you provide compressions to him?

GK: Maybe a minute.

JA: Okay. And during that minute do you recall the individual regaining consciousness or moving or doing anything that would suggest that he had been relived in a way?

GK: No.

JA: And once you finished providing chest compressions is it Alameda Fire that took over for you or another officer?

GK: It was Alameda Fire.

JA: Okay. And so once Alameda Fire began their life-saving measures, what did you do?

GK: I took some pictures of both Fisher and McKinley, walked over to where Gonzalez's carts were, and looked that. I don't know how long afterwards, you know, while still on scene, just [inaudible 00:12:10] the cart, I noticed, like, one of the security caps. Started to put up crime tape, but Officer, or Sergeant Peterson took over for me and ended up putting the crime tape around the scene. I checked, I think, towards -- when I got relieved I may have, I looked into Mario's eyes to see if there was any pupil reaction to light, and they were just dilated; they didn't react at all to direct light. That was, that was about it.

JA: Was that significant to you at all, or why did you do that?

GK: Because if a live person your pupils will react. So with the interruption of light, the pupil would wide or, you know, bigger. Light is kind of like a window, so with the light the window will shut because it doesn't need all the light, but if it's really dark the pupil will expand. His pupils were dilated and with the interruption of light there was no reaction, which would indicate severe head injury, trauma, or death.

JA: And this was at the end of the compressions or the beginning?

GK: At the end.

JA: Right before Alameda.

GK: [inaudible 00:13:32]

JA: Okay. You indicated that you had looked at some of the, and your report does as well, that you had looked at some of the carts that were nearby. Can you tell me what, if anything, you observed and what stood out to you about the carts or the contents of the carts.

GK: Yeah, there was, I mean, miscellaneous items in there. I know, you know, Mario was, at the time, transient so there is, there is just different random [inaudible 00:14:03] loot. One was a brandy, there other was a vodka. The -- one of them had the security label, like, you know, the plastic security top at the top of the bottle still on, partially on. I think the piece was nearby in the dirt. There were two Walgreens, like, handbaskets that

you can pick up when you walk in; nothing that you can push, but they are, like, small little handbaskets that you can carry that were, like, side by side. I think they were on another rolling cart.

JA: And were you asked to investigate any of the contents that were in the cart or did you collect them? I know there were photographs subsequently.

GK: Yeah, I didn't collect them. Just, just basically document them and photographing them. You know, making my observations so I can later, you know, [inaudible 00:14:58].

JA: Did you recognize Mario Gonzalez when you arrived on scene?

GK: Hm-hmm. [affirmative]

JA: Okay. Had you had prior interactions with him? Approximately how many?

GK: Three. Three. One was -- the first time I was training another officer and that resulted in an arrest. So this was maybe two years ago. I think this officer, he's coming up on two years, so maybe two years [inaudible 00:15:31]. But that resulted in his arrest. Another one was another arrest. He was, he had a warrant, but it came in as a, you know, suspicious person, I believe. I haven't looked at the call or the report, but from what I remember it was a suspicious person or someone, like, laying passed out in the, in the, like, in the landscaping in front of Chipotle at South Shore so I didn't know who it was, but I got there and I realized it was Mario and he had a warrant. So, you know, I woke him up and he was arrested for the warrant.

JA: And approximately how long ago was that?

GK: Half-ish. I would have to check. I mean, it's easy to find out. I can get into CRIMS, which is our thing to find out. You know, PC decks and get the exact date. The third time was just a cite for an open container, which was right in front of the AFD station on Park Street and Encinal. So that was just a cite for an open container.

JA: And how long ago was that?

GK: [inaudible 00:16:39], I guess. Yeah, it's all, it's, all of them within the last three years, but as far as specific dates to each one I couldn't remember specifically.

JA: And in those three interactions, was Mario intoxicated or did he just have the open containers [inaudible 00:17:05]?

GK: Yeah. So the, the one he was intoxicated where he was, like, passed out in front of the Chipotle. The second one, so we have – have you ever heard the term “HBD”?

JA: Yes.

GK: Had been drinking, which would be a far cry. So just because someone is HBD doesn't necessarily mean they're drunk, you know? All right, so – so everyone on Bourbon Street or the Vegas Strip, so, yeah. Every time he was, I'm sure there was alcohol on board, but as far as him being able to, you know, be upright and around and taking care of himself, [inaudible 00:17:36] each time I'm sure he was drinking.

JA: Okay. And so let me ask you, in terms of protocol – well, before I get to that I'll ask this. When you arrived on scene [inaudible 00:17:51] Mario, did you tell any of the other officers on scene, Hey I know this guy or this is Mario Gonzalez or –

GK: I couldn't remember his last name. I think I went to my patrol car because I couldn't remember. I knew it as Mario, but I couldn't remember his last name so I think I brought up my, my history on CRIMS just to look at my -- because I knew as soon as I saw his name I would remember, but I couldn't remember what his first name was. So I went to CRIMS and brought up my stuff just so I could see arrests and CRS and [inaudible 00:18:18] and that's how I remembered it was Mario Gonzalez. [Inaudible 00:18:21].

JA: Okay. And then once you realized that, did you provide that information to anyone on scene?

GK: Yeah, I can't remember who though. It might have been Sergeant or, you know, I can't remember specifically who, who I gave it to.

JA: And you said the, the officer you were training a couple of years ago, who was that officer?

GK: Anthony Buck.

JA: And, you know, sometimes in cities or other jurisdictions there are frequent fliers. There are people that officers or maybe in the case of Alameda Fire, you know, brought in frequently either as either as transient or get picked up all the time for being drunk in public. Would you describe Mario as a frequent flier? Is he someone that a number of officers would, would know if they were driving around the city or anything like that?

GK: I'd say a handful of us, but as far as frequent contact with him, I mean, I've had – one was, I'd see him around, but I'd never go out on him just because, unless I saw him, you

know, blatantly drinking a bottle of wine, you know. But other than that, I wouldn't go out on him. I'd see him walk around. I run him and see if there's maybe a warrant, but other than that say hi to him on occasion. Somebody called over on the east end about transients setting up a camp at a house, and I get there and it's not the case. He's there with another guy whose parents own the house and that guy, I think, was maybe not, maybe some developmental issue, but Mario was a friend of his and they were having a BBQ, a birthday party, so it was a whole bunch of nothing. And I think I said something like, "Hey, Mario, what's up?" And just left.

JA: Okay. And in any of the instances where you would contacted him, you know, was he ever violent with you or aggressive with you?

GK: [inaudible 00:20:24]

JA: And so in terms of, you know, obviously officers have some discretion and some latitude in terms of, you know, how an interaction might unfold, and so is there specific training or guidance that you are provided about interacting with folks who might be either having a mental health episode or specifically someone who might be drinking or potentially 647(f)?

GK: Yeah, I mean, things – I've, I've been doing my job basically the same way for almost 18 years so there is training provided, especially in light of recent events in the last, you know, 4-5 years with de-escalation, crisis intervention training, trying to talk to people to de-escalate. But, yeah, there's, there's training given.

JA: And so, specifically, within the last year in the aftermath of George Floyd specifically, obviously, there have been some changes in the law around use of force, and so let me ask you whether you, did you attend the use of force – there was a use of force update training, I want to say it was right before the end, or right at the end of 2020, I believe.

GK: Yeah. [Inaudible 00:21:55].

JA: Yeah. And so do you remember any conversation in that training, or any other training, I guess, within the last year-and-a-half about positional asphyxia?

GK: Hm-hmm. [affirmative]

JA: Okay. Was it in that training, or was there another training that you remember?

GK: I think it may have come up in that training but, again, throughout the years it's kind of always been something that has been discussed and, you know, at least for two or three

decades.

JA: Yeah. And so in terms of the recent training or recent conversations, what do you remember those conversations being about? What kind of guidance do you remember receiving?

GK: It's just [inaudible 00:22:40] and especially, I mean, [inaudible 00:22:47] George Floyd, I've watched every second gavel to gavel, all 46 witnesses. It's, it's, you know, makes my blood boil, but talking about that specifically, I know it's always been discouraged. You know, someone back seeing if carotid was applied or something, or there's a transport it shouldn't be, no one should be prone – kind of transitory position, you know?

JA: Having said that, though, there are occasions, potentially, where an individual gets taken down, mainly to have someone prone for, for limited period of time.

GK: Sure.

JA: And so, in your experience, and I guess specifically based on training because I don't want you speculating here given that you were on scene when this actually transpired, I guess my question is about the specific training you receive about how to evaluate, you know, someone's being taken down, how long they can be in the prone position, when they need to be put into the [unintelligible 00:23:52] position, etc.

GK: Specific training where it's been specifically said to take them out of prone at this point, I couldn't, like, recall specifically. I know that it's always been, I mean, throughout my career it's been something that's just, like, and, again, I don't know if it's been through recent events, reading, media, watching different shows it's, prone is, you know, it's, it's not the optimal position. I mean, there's, there's physiologically and physically that need to occur for a human to breathe, and you got to have the capability to that to allow, you know, rib cage to expand, lungs expand, diaphragm draw side air, so there's things that can hinder that, you know, so.

JA: And so, let's see here, after you looked at the contents of the carts what, if anything, else did you do at, [inaudible 00:25:03] what occurred on scene that day?

GK: That was pretty much it. I took pictures of things and went back and collected some of the, some of the medical stuff that was administered, like the Narcan, took pictures of that. That was, that was about it.

JA: Did you speak with any of the officers involved or Charlie Clemmons [phonetic 00:25:40], Leahy, McKinley, Fisher that particular day about what had transpired?

GK: I was pretty, not, [inaudible 00:25:52] you know.

JA: Okay. You did or you did not?

GK: [inaudible 00:25:55]

JA: Okay. Have you spoken with any of them since that point, specifically about what happened, not just a casual, sort of, hey, how are you?

GK: Yeah. McKinley.

JA: Okay. And did you discuss the circumstances of what transpired that day?

GK: No. [inaudible 00:26:11] without getting into details, you know, because it was my, my understanding, having been there, someone doesn't cuff up and there's a struggle, you end up going to the ground, you know, but other than that it was just, how you doing kind of support.

JA: Okay. And just to clarify, and I'm pretty sure I know the answer the question, I just want to make sure this is on the record. Did you interview any of the witnesses that were on scene or conduct --

GK: I spoke to [redacted] later that afternoon. [Inaudible 00:26:44] [redacted]

JA: And what you do recall him telling you?

GK: That he, so, so his wife [redacted] -- I can't remember her name, I think was [redacted] -- she was out in front of their house. They have, like, a little, you know, furniture out front of their house. Have you, have you seen the house? [redacted]

[redacted] And apparently she was out there with their two kids -- I don't remember their age, but they're younger -- and his mother-in-law, so her mom. And Mario was, like, leaning against the fence, kind of, which kind of made mother-in-law and [redacted]

JA: That's fine. No, I have, I have the names.

GK: She was kind of, you know, raising her brow, like, what's up with this guy and I think mother-in-law came in, brought the kids in, and then she told [redacted] That's when, I think, [redacted] makes the call. "Yeah, there's this guy out front. He's not really doing anything wrong, but he's kind of, you know, talking to himself," and so I went back just to get,

talk to him more to get specifically because there was another officer that spoke to him earlier. And just to see about the possible video because I know he had, like, a little dome camera on the front of his garage. And just to have him take me through it, what he saw, where he was standing so I can get his perspective [inaudible 00:28:08]. So he took me upstairs, which kind of overlooks everything. You know, he's saying they were, "Everything looked like it was going fine and it looks like they tried to, you know, handcuff him and then they were, you know, struggling and they were telling him to relax." And I don't want to do anything to solicit or put wording into his mouth. I wanted him to give me no coaching from me that, I don't want to be, were they saying, you know, stop resisting. You know, that's not me. I want to get an unfettered, unvarnished account of what he saw without any influence from me so he was saying, "They weren't doing anything wrong. They were just telling him to relax and it looks like they were just trying to cuff him up," and I think [REDACTED] -- she had driven away and then could see them, I think, wrestling around in the tree bark in front. But, you know, he was, he said it didn't look like anything was going on. It was, I can't say verbatim what he said, but he didn't, he didn't say anything that lead me to believe that there was something untold, that these guys were, because I know both of them well. So that was basically it. Tried for the video again, but I think he had an issue with his hard drive, so I don't know if anything was ever salvageable from his video.

JA: Let me just take one final scan here. Other than the things that we have already discussed, is there anything else that you remember specifically about what occurred or your involvement in what occurred on April 19?

GK: No. That's pretty much it. I was kind of late to the, late to things so . . .

JA: Okay. That's all I have for you. It is 9:21 so we'll conclude the interview there. Thank you very much.

GK: Sure.

JA: Let me see if I can stop this.

[end of audio]

EXHIBIT 28

RPLG

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[REDACTED]

**Transcript of Audio Recording of:
Interview of Acting Sergeant Frank Petersen
(06/14/2021)**

Case: Audio Transcription re: Peterson, Frank GMT20210614-231428

Reporter: Debi Devitt

P.O. BOX 85
Penn Valley, CA 95946



INTERVIEW OF FRANK PETERSEN
(Conducted by Attorney Jamal Anderson)

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P.O. BOX 85
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JA: All right, here we go. Good afternoon. It is Monday, June 14, 2021. It's 4:14 p.m. My name is Jamal Anderson. I understand I'm a senior associate with the Renne Public Law Group. Our firm has been retained by the City of Alameda to conduct an administrative investigation into the circumstances surrounding the detention and subsequent death of Mario Gonzalez. I am here at the Alameda Police Department conducting an investigative interview with Sergeant ...

FP: Frank Petersen.

JA: Thank you very much. Before I begin the questions, I want to provide you with a couple of admonitions that we provide to every witness for the investigation, at the under which time if you have any questions, by all means, feel free to let me know. First admonition is with regards to truth. Simply ask that you tell us the truth to the best of your recollection. This is not in of itself a test of your memory. It's perfectly fine for you to say that you don't remember something. And, in fact, preferable for you to say that you don't remember as opposed to misremembering. If for any reason you need to refresh your recollection with a report, e-mail, another document that you don't have in front of you today, please let me know and I can follow up with you after the fact. Second admonition is with regards to confidentiality. This is a confidential administrative investigation. Information will be shared with our client on a need-to-know basis. We simply ask that to preserve the integrity of the investigation, that you not broadly discuss the contents of our conversation, questions that I ask, or your responses with anyone other than a designated representative you so select, so long as that person is not a subject of the investigation. Final admonition is with regard to retaliation. As you know, there is police in the city prohibits retaliation. And you may not be retaliated against for your participation in this investigation or your cooperation with this interview. Similarly, to the extent that you're in a position to, which you are because you're a sergeant, you may not retaliate against anyone else for their participation in this investigation or for their cooperation. With that, I'll pause and ask whether you have any questions about those admonitions. And if you don't, we'll go ahead and get started.

FP: Fine.

JA: Great. Thank you. Can you please go ahead and tell me your current role with the Alameda Police Department?

FP: So, I am acting Sergeant. And I have been acting Sergeant for about a year now. Last August. And I'm currently assigned to traffic. So, I am in charge of our traffic division which is more of an administrative kind of position as far as our reports and that kind of traffic and such.

JA: Okay. And you are acting because of what?

FP: So, we have a lot of acting people right here just based on the structure of your department and how we're laid out. The lack of people. So, you could say that we're in transition. Fill the gaps. And myself as well as several other people are in acting positions.

JA: Prior to becoming an acting Sergeant, what were your roles prior with the department?

FP: So, I've been with the department for 13 years. And I started with this department. So, I was an officer first. And then, most recently, after going through a few different positions, I was actually a motorist officer. So, tested for sergeant. I was in that division as an officer. So, then a couple retirements, you know, movement and such, I was selected to fill the role of Sergeant after my then Sergeant was promoted to acting Lieutenant.

JA: Okay. You said you started with APD which suggests that you were not a sworn peace officer anywhere else prior to that?

FP: [inaudible 00:03:37]

JA: Okay. And did you work anywhere else before becoming a police officer here in Alameda?

FP: Not at a law enforcement profession role.

JA: Okay. Thank you. What is your – you told me what your current assignment is. What's your current shift?

FP: Current shift is Monday through Thursday from 7:00 AM to 5:00 PM.

JA: And how many officers do you oversee?

FP: Currently two. Physically two, one abandoned vehicle technician, and currently two parking techs. However, there's a few people out on leave, sick. And unfortunately, we are one of those divisions that has gotten a little smaller as we don't have the people anymore.

JA: Three civilians, two sworn officers. Okay. All right. Who are the officers?

FP: Officer Josh Ramirez, Officer Russel Wise. And parking techs as well?

JA: Is one of them Charlie Clemmens?

FP: [inaudible 00:04:33]

JA: Okay. So, that's the one name that I probably need to know. Okay. So, let's turn to April 19, 2021. Were you on duty that day?

FP: I was.

JA: Okay. And I have had an opportunity, for the record, to review are the supplemental report that you prepared in case 2101762. Your report, Sergeant, is Supplement 17. And so, on April 19, 2021, did you respond to the area around 802 Oak Street in Alameda?

FP: I did.

JA: Okay. What prompted you to respond to that location?

FP: So, that morning, I remember very well because I had a complaint that I was fielding. I was on the phone at my desk. And when I was there, I was talking to somebody who, obviously unrelated, but they felt that an abandoned vehicle sticker placed on their car was potentially discrimination. So, in talking to that individual, I heard on the radio – I apologize, let me turn this off. During that phone conversation, I started hearing radio traffic. Typically, I don't listen up, not much, unless I kind of, something perks the ears, I guess you would say. And for me, it wasn't the initial call details that went out, but I believe there was an officer that related AFD Code 3, which assumably would be Alameda Fire Department. And Code 3, that there was some type of medical issue. I'm taking the call. I'm on the phone with the unrelated. And during that time, I started hearing that. And then there was several, if not multiple, other radio traffic. Meaning other statements made by officers or supervisors on scene that kind of alluded to the fact that it was a little bit bigger than just a regular call for service.

JA: Okay. And so, upon hearing those calls, what did you do next?

FP: So, I was on the phone. I used that as a... I apologized to them saying that something came up. That I had to respond. And I got off the phone with them. So, at that point, I got on my motorcycle and then I rode down there.

JA: Okay. Can you describe for me what you observed when you first arrived on scene?

FP: So, first off, I found a place to put my bike. And then, when I first got there, there were

several police vehicles heading or parked in a southbound direction in the 800 block of Oak Street. They were parked in the middle of the street. And then, from the distance, because it takes me a little bit to get off the bike and turn it off and that kind of stuff, I started seeing tape, the police tape. The yellow. That was being put across the street. There was some already in place. And then I kind of started walking towards what would be the scene.

JA: And when you reference the scene, what are you referencing specifically?

FP: [No response]

JA: I can ask it a different way.

FP: No, no, no. I totally know. But I'm trying to think of the street. It's Portola, correct? At Oak Street intersects?

JA: I think so.

FP: Well, for whatever, it's that east/west one black street that is right on a lagoon. So, where that intersects Oak Street, if that makes sense, because it curves, it seemed like there was something going on in that, what is that, southeast corner, near what would be later identified as 802 Oak Street. There were a couple of officers standing around it. And as I got closer, I could see that somebody, one of our officers or somebody from the department in uniform was doing CPR on somebody.

JA: Okay. Did you recognize – and I've said this. But do you recognize the officer that was rendering aid at that point?

FP: I do not recall.

JA: Okay. And the individual upon who CPR was being performed, who has later been identified as Mario Gonzalez, did you recognize Mario Gonzalez when you arrived on scene?

FP: No, I did not.

JA: Have you ever been on any calls for service that have involved Mario Gonzalez?

FP: I don't recall. One of the things as far as being a motor officer is that you typically don't go and respond to the calls for service that one would go to when they're assigned to patrol. So, for me, I may have had interactions with him, but we're talking probably four

years ago. But I don't remember meeting him. I don't remember having any contacts with him.

JA: Do you... In the business, there are frequent flyers. There are regulars. And so, I guess, the easiest question is, did you know Mario to be a regular in your experience? I don't know if you would sort of instantly recognize, like, oh, yeah, this guy. I see him all the time. Etcetera, etcetera, etcetera.

FP: The only thing I can say – well, known to me at that time? No. But obviously, after the fact, it was talked about that some of the officers did recognize him, had had contacts. Because sometimes, you know, you'll go through points, or areas of time where they are what you'd call a frequent flyer. Several times, several contacts in a short period of time. And that's kind of what I'd learned after the fact, what was shared with me.

JA: And so, what did you – what assistance if any did you provide when you initially arrived on scene?

FP: So, like I said, as I was walking towards it, I started seeing the police tape put up in the corner near where 802 Oak Street was. Somebody was performing CPR. There were, I believe, fire department personnel as well. And I'm the type of person, just to share something about me, I'm a check box person. Right? So, I go down a list. I recognize that whatever the issue was being in that corner was being taken care of by personnel. So then, I start looking to see where I can help. I do know that Lieutenant Crossley as well as Sergeant Marack, [phonetic 00:10:45] they were talking to each other. And then, I started immediately just looking at the scene. I wanted to go and solidify the scene because there were people, several bystanders beginning to stand around. And I wanted to go and solidify that meeting. I wanted them to put up tape so at least we could go and seal that off and have some type of boundary. I didn't want to get, allow anybody close. So then, I think that was the first thing that I did where I had to go hunt down a roll of tape in somebody's back of their vehicle. And then I put some tape up to try to go and gain that 360 degree. I want to say it was some, potentially, if I am correct, Portola. But I don't want to be wrong on the street names. So, we'll just say, that street. And after that, then it, sort of, started looking to see what else I could do. At one point, I offered whatever Sergeant Marack needed or Lieutenant Crossley. I began realizing that there were, the officers who were involved were still on scene. So, that it was suggested that, hey, we need somebody. And then, I offered to go and give them a ride. Sergeant Marack and I conversed shortly about that, just saying that initially it was Technician Clemmens, Officer Leahy was working on something at that time. But it was Officer Fisher and Officer McKinley.

JA: And those were the two officers that you transported over—

FP: So, I transported all four to the station. However, it was broken up between two trips. But what I mean by that is that initially Officer McKinley and Officer Fisher as well as Technician Clemmens were specifically identified whereas Officer Leahy was, I believe, taking a statement or potentially doing something.

JA: And when you transported any of these four individuals, did you have a conversation with any of them about what had transpired there on Oak Street?

FP: No, I did not.

JA: Okay. What, if anything, did you talk to them about?

FP: So, there was some movement of cars, like I said initially. There were several police vehicles parked in a southbound direction on Oak Street. So, it took me about maybe 10 minutes or so just to move cars. There was a police—

JA: Their cars.

FP: Just the vehicles that were not considered in the scene. So, the other thing that I remember, you know, one of the indicators that suggested, hey, there's something more to this call was I remember officer Wise, who like I touched on, I'm his supervisor. He mentioned on the radio that he was starting a [unintelligible 00:13:36]. So, he went and took our traffic truck which is a four-door F-150 pick-up. That was the best vehicle for transport, but we just didn't have enough people so that we could go and isolate everybody that was involved. So, after moving, I think two cars including Lieutenant Crossley's car, I got in the pick-up. After, in passing, telling Officer Fisher, hey, just go have a seat in the car, or the truck, as well as Officer McKinley, as well as Technician Clemmens. They were in there. And then, when I got in the truck, my BWC was rolling through it all from the, well, a few blocks out on Oak Street during the drive from Oak Street to what we call the Elks [phonetic 00:14:24] lot which is the lot adjoining the police department on the west side.

JA: Okay. And so, did you talk with them about it?

FP: So, during the drive, there was nothing stated. I actually, I had motioned to them, hey, just, just be quiet, kind of thing. Don't say anything. When we get here, I parked. And before we came in, I just kind of talked to them just briefly about, hey, I don't want to hear anything about what happened. But just take a moment. Take a breath. If you have loved ones, give them a call. Just let them know that you may not be home on time. Might take a little bit longer. And just kind of take a breather. And then, as they did that,

they were in the truck. And we were trying to line up as far as people to be sequestered with them individually. So, that was all, kind of, taking affect right there.

JA: Okay. And you ultimately sequestered with Officer Leahy. Is that right?

FP: Correct. Like I stated, he was working on something at the time that I initially transported the three here. So, then I returned to the scene, picked him up, and then I brought him back here.

JA: And how long did you remain with the officer?

FP: So, I remained with him from the time that we arrived here up until the time that he left throughout. So, in my office, he was with me with the exception of the times that he was being interviewed.

JA: Okay. And who interviewed him?

FP: That, I wouldn't be able – I don't recall. I do know that he was in contact with Alison Berry.

JA: Okay. And just to clarify, I asked the question not knowing that he spoke with Alison Berry who is his attorney. And so, I just want to note for the record, I am not at all asking him any questions necessarily about any attorney/client privileged conversations. But, sorry. Not to cut you off. Just wanted to make sure.

FP: Totally understand.

JA: Okay. So, it sounds like at least maybe one of those conversations was with his attorney. Anyone else that you know of that he might have spoken with during this period where you were with him?

FP: None to my knowledge. He left me when I believe he was – well, he was up here in contact with somebody. And I believe it was his attorney. And then, when he returned downstairs, we were together. And then, I believe it was his attorney that came down, talked to him at the point when he was being released for the day.

JA: Do you know if he spoke with any Alameda Police Department personnel?

FP: None to my knowledge.

JA: Do you know where the other individuals, both officers and Charlie Clemmons, were

sequestered?

FP: I'd be taking a guess. I do know that Officer [unintelligible 00:17:19], she was involved. But again, I was with Officer Leahy. So, I know they were up here.

JA: Okay. And so, other than transporting the four individuals, Leahy, McKinley, Fisher, and Clemmens back to the station, same with Officer Leahy here, did you do anything else as a part of this investigation or to assist on the date of April 19, 2021?

FP: Returned to the scene and picked up my motorcycle.

JA: And have you had any conversations with any of those four individuals since April 19, 2021?

FP: Conversations, no. But I have ben in contact via text messaging just wishing them the best, offering my support.

JA: Any conversations or interactions about what transpired on April 19?

FP: None.

JA: You indicated earlier, or at least I asked you whether you oversee or supervise Technician Clemmens. And correct me if I'm wrong, but you are this point, familiar with this involvement in this particular incident.

FP: Yes.

JA: Is that something that is consistent with his job description or training, or not?

FP: Could you define consistency? I... So, if you're asking me his actions, or...? So, to be honest with you, I don't know exactly what his actions were that day.

JA: [unintelligible 00:19:04] ask you that.

FP: I'm only, I mean, with the video, obviously, that was released. I think I listened to the first 10 minutes which covered off on the calls for service and the initial callers. And then, I... What do they call it? The high-speed scrubbing. I kind of just went through it like that. Did I go and watch the whole, I think it's an hour? No.

JA: Okay. All right. And so, you haven't been in touch with Charlie about his actions on that day either?

FP: No. Only again to offer support.

JA: Okay. Let me double check something here. Did you take any photographs while you were on scene on April 19, 2021?

FP: I can't recall. But I could check the AXON or Evidence.com to see.

JA: Okay. And did you speak with any witnesses, reporting parties, or anyone else?

FP: No. Maybe a couple of small interactions with bystanders just trying to identify this would be the boundary. But I believe that would be about the extent.

JA: Okay. Did you return to the scene after you were sequestered with Officer Leahy?

FP: Not that day. Yeah. Well, I mean, at the point where I returned to get my bike, yes. But the bike was after the fact. I would have to remember.

JA: Okay. Any other involvement at all?

FP: Nothing that I can recall that I think would be, I mean, helpful. Literally, just down there, and like I said, picked them up. Got them here. Offered my support to them. And sequestered with Officer Leahy.

JA: Okay. Anything else based on the questions that I've asked you or anything that you recollect? This is an opportunity for you to put anything on the record that you like about your involvement.

FP: I think that's all.

JA: Okay. All right. Well, that concludes the interview. It's 4:35 p.m. I will hit stop here.

[End of audio]

EXHIBIT 29

RPLG

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[REDACTED]
**Transcript of Audio Recording of:
Interview of Chief Randy Fenn (06/04/2021)**

Case: Audio Transcription re: Fenn, Randy GMT20210604-161528

Reporter: Debi Devitt

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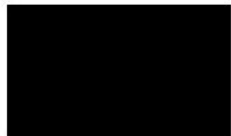
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JA: And I will be sure to speak up. All right. Today is Friday, June 4. It is 9:15 a.m. My name is Jamal Anderson. I'm a senior associate with the Renne Public Law Group in San Francisco. As you know, our firm has been retained by the City of Alameda to conduct an administrative investigation into circumstances surrounding the death of Mario Gonzalez following a contact with Alameda Police Department officers. I am conducting this interview this morning at the Alameda Police Department. I am here with Chief Randy Fenn, and before I proceed with the questions, I would like to provide you with some admonitions that we provide all of the witnesses, after which you can let me know if you have any questions or concerns.

The first admonition is with regard to truth. Simply ask that you tell us the truth to the best of your recollection. This is not a test of your memory. If there's something that you don't remember, by all means, feel free to let me know [inaudible 00:01:11] or the truth to the best of your recollection and I'll turn that off there because – let me just do this here. My email which is working incessantly – and do I want to save my changes? No. All right. So where was I?

Truth to the best of your recollection. Second admonition is with regard to confidentiality. This is a confidential administrative investigation. We, obviously, have been retained by the City of Alameda. Obviously, what you share with us potentially could be shared with them, but beyond that subject to the applicable laws, which have changed in some ways, what you disclose to us is confidential and will remain so for the duration of this investigation. Relatedly, we ask that you not share the contents of this conversation, the questions that are asked, or the things that we discussed with anyone other than presumably a representative, who you certainly may talk to. But beyond that, to maintain the integrity of the investigation we ask that you not discuss this conversation.

The final admonition that we provide is with regard to retaliation. You are not to be retaliated against by virtue of your participation in this investigation or providing us with any information. Similarly, to the extent that you are in a position to, which obviously, you are, you are not to retaliate against anyone else for their participation in this investigation or for any information that they provide us. Do you have any questions based on any of that?

RF: I do not.

JA: Okay, great. So if we can go ahead and get started. Please feel free to tell me your full name and your current title.

RR: Okay. It's Randy Fenn. F, like, Frank, E-N-N is the spelling of my last name, and I am

the interim police chief here in the City of Alameda.

JA: Okay. And how long have you been serving as the interim police chief?

RF: About eight months. I started at the beginning of October 2020.

JA: Okay. And where were you immediately before you came to the City of Alameda?

RF: I was in retirement, actually. I retired in May of 2020 as the police of chief in the City of Fairfield.

JA: Okay. And generally speaking, I know your responsibilities are varied and many, what are your responsibilities as the chief?

RF: Essentially the chief executive officer for the police department, so responsible for, in this case, approximately 100 employees, a budget of 30-some odd million dollars, implementing policy, in this particular case as the interim police chief, assisting the city in recruiting a new police chief. And so, although the interim title is there, doing all the normal duties of the, of department head.

JA: Okay. And as the department head and chief executive, how many direct reports do you have?

RF: Three. Two police captains and my executive assistant.

JA: Okay. Who are the captains?

RF: Jeffrey Emmitt is the captain of what we call the services bureau and then Matthew McMullen is the captain in charge of the operations bureau.

JA: All right. And then your executive assistant is?

RF: [inaudible 00:04:32]

JA: Okay. I want to start just with some questions about the organization, some policy matters, given your background, and your current role. So first of all let me ask you what role, if any, does the chief here, and you can certainly correct me if you have a different understanding based on your prior service as chief, but I'm going to focus, obviously, here on Alameda. Based on your experience, what role does the chief here play in administrative investigations?

RF: Well the chief here is ultimately the skelly officer, meaning although I'm notified when there are personnel investigations, administrative investigations, I can direct that administrative investigations be started. Generally, I try to separate myself from the actual conduct of those investigations so that I can serve as the skelly officer, implement discipline, if need be. So in essence there is an overall ultimate management, I guess, of them, but, again, recognizing that if I'm tainted, if you will, by having too many details during the, during an investigation I can't serve as the skelly.

JA: Okay. And so, obviously, in this particular instance the city has retained an external investigator. When an external investigator is not retained, can you tell me, based on your experience, how an administrative investigation would proceed and who would be responsible for conducting that investigation?

RF: Yes. We have a traditional, what you would call a internal affairs investigation sergeant. Here, we use the term "inspectional services" for that area of the police department. What's a little unique, when I got here in October there had been a tremendous amount of turnover, including a number of command people had left [inaudible 00:06:41] so you had people in acting positions and, in fact, we still do. And the reason that's germane to this conversation is the person who was serving as that IA sergeant, if you will, the internal affairs sergeant had been Y-rated to a lieutenant, so he was serving in the capacity - he is serving in the capacity of a watch commander. So we have had complaints come in. Two different ways, traditionally these complaints happen, right, or these investigations happen, rather. We get an external complaint - citizens claimed officer treated me rudely or I think I was treated unfairly, and that will go one way as a citizen's complaint. And then there are times we initiate a true internal affairs investigation because something has risen to us, to a supervisor or manager, and this needs to be investigated because this may lead to discipline. So in both of those instances, usually gets up to the captain of, in this case, Captain Emmitt, who is the services bureau captain because inspectional services fall under his bureau. And he would direct the sergeant to conduct the investigation. So I can think of two instances, again, in the last several months where I've been here where we've had another sergeant fill in for that position and do investigations. But we've also used that lieutenant that I was mentioning earlier that's, or acting lieutenant, to go back to his role, if you will, as the role of internal affairs investigator and conduct an administrative investigation.

JA: Is the role of the, I guess, internal affairs sergeant is that currently vacant?

RF: It is technically vacant, yes.

JA: Okay. And who is the now-lieutenant, or acting lieutenant, who was previously in that

role?

RF: His name is Josh Crossley.

JA: Okay. All right. I'm certainly familiar with Josh; I'm working with him.

RF: That's right. He was the watch commander during the incident. Okay, sure.

JA: Yeah. Okay. And so that makes sense. I will ask you – I'll come back to this. And so you mentioned, obviously, being the skelly officer, also trying to maintain some semblance of distance because is it fair to say that you ultimately will be the final decider when it comes to implementation, discipline, if any?

RF: Yes, correct.

JA: Okay. All right. And if you're able to say, you know, how many investigations have you – I know the word is kind of, I was going to say been a part of in the past – how many months? Eight months?

RF: Yes.

JA: Where you've had to determine discipline?

RF: Three have come to my desk, if you will, in a completed format. So I have, I have served as the skelly officer for one and took it all the way through final discipline. I had another come to me where it did not rise to the level of skelly, but it was completed so I disvoted, had the appropriate, I think it was a written reprimand, handed down to the officer. And then the last one has come to me, but I am sending it back because, in my opinion, it's not complete and because we're about to transition to a new chief it is also not fair, in my mind, to give a notice of intent to discipline and then make the next chief the skelly officer for my decision so that's where we are on those three cases.

JA: Okay. And how many, I guess, these three cases involved allegations or issues in terms of the use of force?

RF: Sorry, I'm trying to remember the cases and the allegations. I take it back. There is a fourth. So of the three I just described none of them, other allegations of misconduct. No issue of force. There is a fourth case that happened before I got here and the officer's out on worker's comp, and so I have elected, because we are allowed to – we have a one year – under law we have on year to complete an investigation and implement a notice of discipline. We are coming up on the one year. Because this officer's been gone it all

started under the previous chief. He's been gone. Under the Governor's order under COVID, we are allowed to extend 60 days beyond that one year. So, again, it's another one of those because of the transition that's about to happen chief-wise, I do not want to implement a notice so I'm saving that for -- but that one does involve an allegation of excessive force.

JA: Okay. Our understanding, and you can correct me if I'm wrong, is that when there is an instance of a death involved with an interaction involving officers, there is a different procedure that is triggered in terms of the investigation. Can you talk with me a bit about that?

RF: So there is a officer involved fatal incident protocol that we are signatories to with Alameda County, so with the other law enforcement agencies within the county, including the district attorney's office. So the way that works here in Alameda County is we invoke the protocol because, for instance, in the Mario Gonzalez case it appears we are going to have a death that occurred within our jurisdiction involving our police officers. We make a phone call immediately to the Alameda County District Attorney's Office to say we have a case that we believe falls under the protocol and then they send their own independent investigators, independent from us. And then we have jurisdiction to conduct a criminal investigation, and do you want me to go into that? So as I have learned of this incident happening I got with the only other captain that was on at the time was Captain Emmitt, so we met. As he was briefing me he was getting briefed, as I understand it, I believe from acting Lieutenant Crossley. What do we have? What are we going to need to investigate this? And so the conversation was had about do we do this internally, again, having jurisdiction or do we find another law enforcement agency, ask them to come in, and take over that investigation.

JA: And that is the criminal investigation?

RF: That is the criminal investigation.

JA: And then with regard to an administrative investigation the department could have proceeded on its own.

RF: Yes.

JA: Internally with an administrative investigation, is that, is that right?

RF: Yes.

JA: And does the protocol require that an external investigator be brought in?

RF: It does not require that. So in my previous experience with the City of Fairfield as police chief, if you have an incident like this with an officer involved shooting the protocol in Solano County is a little bit different. Similar, but different. We would roll out the internal affairs team to go parallel with the criminal investigators, and that would have been my intent here but, again, recognizing all that was going on within the community, within the country, frankly, at the time. That's when I started having conversations with the city manager and the city attorney as to who would conduct that parallel administrative investigation.

JA: Okay. All right. I want to talk with you a bit about some policy issues and changes. I did receive some information from Captain Emmitt about, I guess, on-going or pending policy changes and the interaction between the department and the council and who has to approve what, so I want to see if we can kind of sort through that and pin down some information, which is relevant because, obviously, the policies that were in place at the time all of this occurred are most, most critical. So let me ask you. It looks like in October of 2020 the department presented some proposed updates to the council, and I believe prior to your arrival, maybe in June of 2020, there was a separate group of proposals. I recognize that, you know, there are 14, 15, 16 maybe involved, potentially in each. What is the status of all of that as you know?

RF: Well so I'll just – when I arrived in October, and I was told that because of something that occurred in June with the council, the police chief did not have the authority to implement change or otherwise even edit any existing police policies without it going before the city council. Very unusual situation, certainly, I was not used to anything like that. So, yes, within that first couple of weeks I was here in October a staff report had already been conducted to go before council with updates to the policy manual. Most of those were a result of the service we use, Lexipol, so they bi-annually give you a list of policies that need to be updated, and it's everything from a grammatical change to the legislature has changed the law, case law changes, and virtually anything in between. So that went before council, that was one of my first council meetings, if I recall correctly, where we presented those to council and they ultimately approved us implementing them. What may be germane to, again, this investigation, this conversation is that we had to update the use of force policy to bring into compliance with Senate Bill 230 and that did occur at that time.

JA: Yeah, and that was going to be my first question with regard to some specific policy changes. So in terms of the use of force updates, you said that policy did occur?

RF: It did.

JA: And when you say it occurred, do you mean that it technically occurred in terms of the language in the policy as well as training being provided or one or the other?

RF: Well so the, so the policy was adopted by council so what ends up happening from a practical standpoint is you republish your manual. So once those policies were all approved, including the update to use of force policy, the manual is republished and then sent out to the organization that is now the policy manual for the Alameda Police Department; it updated the last one. So around that same time and separate, if you will, we were conducting internal training here in the police department about the provisions of Senate Bill 230 and the changes to use of force policy and use of force law for the State of California. So that was already happening so then the policy gets sent out. You'd have to ask Captain Emmitt how it's verified that policies are received by employees. Frankly, don't know how that happens, but I know that's part of the process.

JA: Okay. I have seen some documentation about which officers have received which trainings and also the PowerPoint or slides that were used by the particular trainer, but let me ask you, just based on your information, you just mentioned there was some training, but did you attend the training? Are you familiar with what occurred or what information was provided or updates were provided to officers about the change in policies?

RF: Well interestingly enough, so I had just gotten here while -- that training literally the first two weeks I was here was when that training was happening. I did not attend the training here, but Mr. Greg Fox, who conducted that training for the police department, I had invited him to conduct the same, essentially the same training in the City of Fairfield probably ten months before, right around the '20/'19/'20, I can't remember exactly when. So he came in, presented that to Fairfield Police Department. In fact, I even invited him then to, I was president of the Solano County Chief's Group. I had him come and give the same presentation to Solano County Chief's Group. So the bottom line is I was, I was pretty familiar with the content of his course and what he was doing.

JA: Okay. All right. So we have use of force. Are you aware of any specific elements of that training or any other training that officers have received since you've arrived in terms of the de-escalation techniques or tactics?

RF: I know that, again, that's part of the, I believe that to be part of the curriculum that Mr. Fox taught in October of 2020 here. I don't know of any other specific training. I certainly don't know what on-going training happens that should be occurring within our briefing line-ups before shift.

JA: Okay. I want to take a slight detour, but sort of related to policies. Obviously, as a result of this particular incident, but also before, there were conversations among the council

and the department about the utilization of a sort of crisis response team or intervention team to sort of deal with individuals who might be having some kind of mental response. My understanding in talking with some of the members of your command staff is that, you know, notwithstanding council's desire for their services to be used, they are discretionary. They can't compel the department to require officers to call for, you know, mental health intervention or assistance. Is that your understanding? And beyond that, can you tell me what conversations already have occurred since you've been here about utilizing those services in instances where it may be appropriate.

RF: I would say the greatest hinderance we've had is just the lack of the actual resource. So my understanding is Alameda County has a crisis, mobile crisis team. I don't, I don't fully know how robust they are or how capable they are in terms of being able to respond, and it's not that they would never come to – my understanding is not that they would come to Alameda, but to be able to make them primary or first responders to most calls for service is not practical yet because they just don't have the capacity to do that. So my understanding in the on-going conversations we have had is not so much, certainly not don't use the resource because we absolutely want the resources. We want to be able to find alternate methods for handling these calls. The issue is who is the first responder? Who has to go when 9-1-1 is called or whomever calls us to respond to something, and then how do we employ those resources to solve the problem, to handle the matter at hand. So my understanding is most of the times we have used Alameda County's, for instance, that mobile crisis, the crisis service unit is because it's either a pre-planned event, we're going to a homeless encampment, for instance; or we have dealt with the acute problem at the moment, but we are reaching out to them to help us find a long-term solution to get somebody into conservatorship or get them into hospital beyond the 72-hour 5150 hold. So, again, it's not that the resource hasn't been utilized or isn't needed or desired, it's just a capacity issue.

JA: Let me just take a slight detour here. Were you briefed on the interviews of the officers involved in this instance after the interviews occurred or are you familiar with anything that they talked about in their statements?

RF: Not really.

JA: All right. One of the officers indicated that he was aware of the Alameda County mobile crisis team, but ultimately decided not to seek their instance in this particular case for a number of reasons, among them being, you know, the response time seemed to – would have been too long, which I guess would make sense. Alameda County is a big county. And also he mentioned sort of the lack of cooperation on the part of Mr. Gonzalez, which is sort of a separate issue. But I guess my question is, what kind of guidance or training or information is provided to the officers, that you're aware of, generally patrol officers,

about the utilization of those services. Is it a case where, you know, use them if you can, but other otherwise do what you intend to do or –

RF: Yeah. I'm afraid I don't know what kind of training formally or informally they've had, or frankly what experiences they've had. My exposure here, of course, is rather limited and my exposure to having crisis responding to calls or coming into Alameda is even more limited. So I just don't know what, in terms of what they had in the back of their mind or what they've been told in terms of utilizing those resources. I just don't know.

JA: Okay. Fair enough. Since the time that you have been serving as chief, are you aware of any particular trainings or updates to trainings or policies relative to the use of handcuffing or restraints, and obviously this is policy 306, and, obviously, you deal with a lot of stuff so maybe not in particular, but given what's at issue here just wanted to get on the record.

RF: Yeah, I'm thinking. I'm trying to think if, in my recollection, handcuffing would have been specifically covered in Mr. Fox's presentation and I, frankly, I don't know. I know that at some point fairly early on in my tenure here I went with captains. They took me out to, they call it City Hall West out at Alameda Point where we have city facilities and there was police training going on there. I don't even remember why they took me out there, but I was going to address the group for a moment. I was going to send a message to them about something, and I noticed when we went in there were on the mats. They were doing that kind of work, and they were doing arrest control techniques. I believe handcuffing was part of that. I can't tell you the curriculum. I can't tell you what all they were doing, but I know the training was happening.

JA: Okay. And then the last sort of – before I get to this last issue. Well, let's just do it now. One of the issues that has come up involves, and we'll get to the video and specific circumstances in a moment, but conversations about positional asphyxia and chokeholds, restraints in that nature. Let me ask you about this particular issue in the broader context of any reforms that you have participated in, facilitated, directed in light of everything that has occurred post-George Floyd which would have been last May. I know that there were a number of changes that were set in motion before you arrived. So let me ask you what changes have you participated in or helped facilitate; and then secondarily, are you aware of any particular training around choke holds, positional asphyxiation, etc.?

RF: Certainly it was in progress, I guess, before I got here, as you mentioned. The ban for the use of carotid restraint. Choke hold is just, you know, it's a euphemism. It just is never, it's never really been a tactic, an approved tactic here or anywhere else that I've worked, but certainly carotid restraints by virtue of the Governor's order had been, had been banned. And so that policy update that we mentioned, that we talked about before,

incorporated that as well as, you know, is no longer authorized, I think in the case of deadly force with potentially, I believe that nuance is in there. But there's that. I don't know about any other specific training that was, that was in progress when I got here or since related specifically to positional asphyxiation.

JA: Okay. And, you know, obviously, well I won't say obviously – have you participated in conversations about, I guess, detentions and arrests more broadly, specifically in light of the circumstances involving Mali Watkins. What conversations have occurred or trainings or anything along those lines that you have been a part of since you started here?

RF: There's been more conversations – excuse me – that I've participated in with command staff about – I'll use the term very broadly, “of walking away.” And talking about how the evolution of my 30-year career where we never walked away from, from anything –

JA: Let me just clarify here. Officers walking away from an individual, not the individual walking away.

RF: Right. Where, and the example is used were solo barricade 5150, so someone who's threatening to kill themselves but they are by themselves, generally in a residence, and how over time, in beginning of my career we didn't walk away from those. The fear was that the person was going to walk out of the house and potentially victimize somebody else in the neighborhood and what have you. So we didn't leave. Well that – our training, our thinking, the law evolved over that time to where, for instance, when I was in Fairfield there were patrol officers that were comfortable making that decision. Nope, solo barricade, yep. We understand he supposedly has a gun. We don't believe he's an imminent threat to the neighborhood. We're leaving this call. And that always stuck out to me because, again, go back 20 years that would have never happened. We would have had lieutenants having trouble making that decision and now it's common place enough for officers to make that, in my experience, for officers to be able to make that decision. In light of what happened here in Mali Watkins we were having those kind of conversations about proportionality and that's part of AB-392, Senate Bill 230, and a lot of the reforms that are being talked about of, you know, what, what is our ultimate goal as the police? Yes, we may have had a legitimate reason to go. The call was legitimate. We were responding to a call for services, what we do. But having the ability to size-up the whole thing, to balance the need for intervention versus the need versus the risk of that intervention should it escalate into a use of force, or what have you. So those conversations, I believe, are fairly commonplace, and I would have those conversations in this room with command staff with the direction of that we're having those conversations in briefing line-ups and having them with officers as well because they're trying to size it up as well. Is it worth, where, where do we continue an engagement and

where do we back off? And that line, even under the law, is not clear; it's very gray. So hoping people ultimately make good decisions was really my, and I believe the command staff's, intent.

JA: Okay. All right. Let's turn specifically then to April 19, that incident involving Mario Gonzalez. First and foremost, were you working that day?

RF: I was.

JA: Okay. I'm trying to figure out whether I should just have you walk me through your day or whether I should just ask you the specific question. Why don't you just walk me through, you know, where were you when you got the initial call that there might be an issue with just kind of walk me through what happened that day.

RF: Sure. I was actually in my office and I had my police radio on, but I wasn't listening to every detail. I was working. And I heard, I heard a police car going code 3, lights and siren, right outside my office and so what I assumed was a police car – I know you start to notice the difference between a fire truck, ambulance, police car, and when it's a police car it makes me perk up a little bit. So I happen to look out the window and I see one of our units make the turn, right turn, from Lincoln onto Oak Street. I thought, Huh, I must be missing something. I turn up the radio a little bit. And then kind of listen a little bit. I forget all the details, but what stood out to me is I heard, "Were doing CPR." I thought, ooh, that's odd. I wonder what that's about? I actually stepped out of my office. I think I was going to grab Captain Emmitt. Hey, do you know what's going on out there? And he either wasn't there or his door was closed or something so I went back, sat back down, kept working, and just waited, you know, police work happens. I don't know if it's something the chief needs to know about or not.

Well eventually Captain Emmitt comes in and says, "Hey," I can't remember how he described it, but basically the officers were doing CPR on someone. The person's being transported and it doesn't look good. It doesn't look good. Like, the person may not survive. "Do you know what it was?" "Yeah, some sort of suspicious call or something. I'll let you know." "All right. Please, obviously, keep me posted." I think at some point I let the city manager know that something was starting to happen, and then I can't remember timing, the timing. Whether it was five minutes or half an hour, I honestly can't remember. At some point I eventually get Lieutenant Crossley in my office, acting Lieutenant Crossley, and Captain Emmitt. Okay. Tell me what we have here. And that's when they begin to describe call for service. The guy was possibly involved in shoplifting, I believe they said Walgreens. They tried to talk to him; thought he might have been high or drunk or both, and at some point they took him down. They handcuff him. He stops breathing. They roll him over. That's, I'm getting that light level of the

description. Okay. That's when I go, we need to, I'm guessing we need to invoke the protocol because, frankly, I had not read the Alameda County protocol to this point. I knew it existed. I had a little bit of experience with the Alameda County protocol in my previous job in Fairfield. So I think I said, "Give me a copy of the protocol. Let's make sure we have people rolling. Let's secure this thing and started it from that perspective. So that's kind of the broad overview and then, like I think I mentioned earlier, then, you know, kind of the next important decision point for me was who was going to conduct the criminal investigation. So if you want me to continue?"

So we had the conversation. I had the conversation with Captain Emmitt and Crossley and talked about, do our folks have the capacity for this kind of investigation. And what I mean by that is we have a fairly small detective unit here, and do we have the folks that could conduct this investigation? Do we have enough bodies? Do we have enough experience? So we kind of talked about that, went back and forth a little bit, and then recognizing -- quite frankly, my TV with the sound down in the background the whole morning has been the closing arguments in the Derrek Chauvin trial. And that's got an impact on, that's got an impact on everybody. It certainly has an impact on a police administrator as this now, this type of thing is happening contemporaneous in my city. I think we need to, we need to get somebody else in here to do this investigation. So I reached out to the chief of San Leandro Police Department, Chief Torres, and, well, I talked to, I talked to Crossley and Emmitt a little bit about who can we get to do this? Who would we normally? Who would normally come? Now, there has not been an officer involved shooting in Alameda in 15 or 16 years so it's not like this happens all the time, there's a lot of experience. So walk me through this. Who would we use and they said, San Leandro is relatively close. We believe they have a good police department, they're experienced, they have good homicide detectives, that's who we would recommend calling. If you call Oakland they're too big. It's just different, right? So that's the -- there's other agencies that are too small. They don't, again, don't have the capacity for it. So I call Chief Torres and he said, "I would absolutely send you some help, but we literally have a homicide overnight. All my guys have been up all night. There's just no way." Okay. I appreciate that.

And so I felt like the pool was getting limited in a hurry so I called Sheriff Ahern directly and I said this is what I have. Oh, and we had talked about -- we knew that Alameda County Sheriff's Department had had an officer involved, deputy involved shooting over the previous weekend. And we were concerned that they wouldn't have the capacity to do it either because all their detectives were -- as big an organization as they are they don't have a huge investigations bureau because the jail's their biggest contingent personnel. Oh, you know, I'm sorry. I keep talking about Crossley and Emmitt, but I realize that Lieutenant Klaus was part -- he's our investigations unit commander, and he was part of these conversations as well. And so who could we get to do this? And so

he's the one that was telling me about Alameda County having the OIS. I think he might have even called Alameda County on his own to just see if they had people available. So at one point I even thought, well, are we just going to have to do this ourselves, but, again, I just, I just didn't feel comfortable with it. I just, I mean, now in retrospect we see all the scrutiny and certainly the media and community attention. It was fairly predictable. I didn't, at that moment, appreciate how much scrutiny was going to be, we were going to be under. But I'm glad my intuition was pinging a little bit because I called Sheriff Ahern, and to his credit, he knew that they were busy too, but he goes, "what do you need?" I said, this is what I need. I need, I need to roll out an investigations team. We had already asked, is my understanding, we had already asked their CSI bureau to come and process the scene so that was already happening independently. That was a decision, I believe, was made by Lieutenant Klaus. So, yeah, then the, then the investigations team from Alameda County rolled out.

JA: Okay. And so based on what you've indicated that the first inclination that you had that something was going wrong was just listening to the, well, hearing the car, looking out the window, listening to the radio, and hearing something about CPR.

RF: Yep.

JA: That was then followed by, I guess, a briefing of sorts from Captain Emmitt, and who was the other person?

RF: I believe it was Lieutenant Crossley was the other person.

JA: Okay. And then obviously, you know, that sort of continues some of the conversations. I asked you, or alluded to this earlier, but just to clarify and get on the record, did you ever go to the scene yourself on Oak Street?

RF: I did not.

JA: Okay. Did you ever speak to, on the day of the incident, any of the officers or individuals involved? Officer Leahy, Officer McKinley, Officer Fisher, or Charlie Robbins?

RF: I did. I spoke to all four of them at kind of the end of the day. As I was told that they weren't going to be interviewed that day and they're all about to be released, allowed to go. I had Captain McMullen, I said, well take me to each person so that I can check in on them and whatnot, and so that's exactly what I did. I went to each one. I said, "I'm sorry you're going through this." You know, "This is an important process." I kind of gave them that, keep your, keep your chin up. This is, it's important. There's a lot happening here, but it's very important for you long-term, for the organization, that we have this

intense scrutiny right now. So just, you know, keep your head up. Do healthy things. Again, been around long enough I know enough to say, go home. Don't drink alcohol. Drink plenty of water. You need to sleep. Exercise. Those are the messages I sent. None of them talked about the case and I was definitely not going to ask. I knew better than to ask about the case. So that's the conversations I had.

JA: Where were they when you, when you went to them? Were they here at the department?

RF: Yeah. They were tucked away in different places. They've been sequestered all afternoon so.

JA: And is that pursuant to a particular protocol that the department utilizes in these instances?

RF: Yeah. When, when we have these types of instances, and this has been my experience in every department I've worked in. When we know someone's been involved in a critical incident that they're ultimately going to be investigated and interviewed – they're not going to write their own report – we sequester them. We put them with one other person so people can't come up and ask them questions. They won't talk about the case, these kinds of things.

JA: Why were they not interviewed on the day of the incident? Is that also pursuant to protocol or was there determination made by yourself or someone else?

RF: The determination was not made by me. That was in consultation, as I understand it, between the DA's office, the Sheriff's Department, and the attorney representing the officers. And so is it protocol? It's not written down protocol, but it is becoming the accepted practice that in critical incidents often times the officers are not interviewed the same day. They're interviewed the next day.

JA: Okay. And, but they were not interviewed the next day in this case?

RF: Unfortunately, no.

JA: Interviewed a week later on April 26, I believe it was.

RF: Yes.

JA: I believe the 25, 26, somewhere in there. So that's kind of an abnormality here?

RF: Yes. And my understanding of how that happened was going back to the Sheriff's

Department had their own issue so their detectives were tied up investigating their own deputy-involved shooting from the previous weekend, which pushed our interviews out. And that was, you know, when you look back on these things and you think about decision – I don't know that that would have changed our decision to invite them because, again, I believe we have limited resources and limited options at the time. But I certainly wish we could have had those interviews a whole lot earlier because it was important to the community that we get the video out and those kinds of things, but we were kind of hand strung.

JA: Okay. You mentioned reports earlier, and obviously you're aware that I've been looking for certain reports and information, but let me ask you, as I understand it there is a protocol here whereby the officers involved do not actually, and I should just clarify, officers involved in a circumstance such as this do not actually cut a report, but they're interview serves as their report. Is that your understanding?

RF: Yes.

JA: Why is that the policy?

RF: It is pretty standard, in my experience that, again, officers involved in a critical incident where we roll out the protocols, we roll out the teams, that the ones who are going to be interviewed do not write their own report. Again, that is, that is because they are being investigated as part of, in this case, a criminal investigation as well as the administrative investigation. So at some point we decide, I say we, we end up having to make the decision of where is the line of -- because, as you know, there were more than the four officers, the four employees -- three officers, one non-sworn -- that were involved in this incident so you have to decide, well there's other people that have to document what happened based on their perspective. You have to make that determination of who gets interviewed versus who writes their own supplemental police report. So in this case it was contained to the four that were sequestered that would not write their own reports.

JA: Okay. You mentioned the conversation that you had with Captain Emmitt wherein you were deciding what kind of to do next. It sounds like in that conversation you were already aware, because you talked about invoking protocol, that Mario Gonzalez had died. Is that, is that correct or was that just an assumption that you were making based on information that you already received?

RF: I knew early on, well, I knew from hearing CPR and putting two and two together that's clearly not a good sign. And I can't remember if the first time Captain Emmitt had said, "It doesn't look good," or I knew he had been transported so, you know, I think it was, in fact, I think it was even, "Well, let me know," I mean, let's, let's hope he gets to the

hospital and this turns around and it's not a death investigation. But, of course, once someone CPR, being transported to the hospital we're already starting to make those decisions of we're probably going to have to invoke the protocol, but I don't think I knew he was pronounced dead at that time.

JA: Okay. Do you remember when you received that information that he had, in fact, died?

RF: I don't. I can't remember. It was, it was fairly early on, and I think one of the reasons that it doesn't stand out to me is because we were already, like I said, we were already making those decisions as if he had been pronounced because that's what you do. You got to get out in front of it just in case that is, in fact, what happens. So I can't remember when I knew specifically when he'd been pronounced.

JA: Okay. Let's see here. Did you speak with the, obviously understand that command structure, did you speak with the sergeant who was on scene? Sergeant Mrak?

RF: I did not.

JA: Okay. Did you speak with, I should be clear, did you speak with her on that day or have you spoken with her since about what had occurred on the scene?

RF: [inaudible 00:49:53]

JA: Okay. And just to go back for a second. You indicated that you did speak with the three officers, I'm not sure, did you indicate that you had spoken with Charlie as well?

RF: I did say hello to Charlie.

JA: I asked if you spoke with them on that day. Have you been in touch with them since that day?

RF: I've tried to reach out to the three officers by phone just to check in on them. The only one I've talked to was Officer Fisher. I didn't get ahold of Leahy or McKinley. I left them messages, but I did talk to Fisher.

JA: Okay. All right. Let's see. All right. Let's go ahead and turn to the video. And let me ask you, obviously, there's a lot of bodycam footage here, as you know. My understanding that you, obviously, were very much involved in, and correct me if I'm wrong, the decision about what portions of the video were going to be released to the public. Is that correct?

RF: I'm trying to think if I would characterize it quite like that.

JA: I can just ask how were you involved in that process?

RF: Okay. So working with – so internally, we knew, we knew we were going to release bodycam video, and so not everything is releasable or should be released in terms of certain faces, certain privacy expectations. So I believe it was Lieutenant, acting Lieutenant Crossley who was working on redacting video faces, again, not – I don't believe anything really materially just, again, sensitive items that should not be released or could not be released. So that was happening. Simultaneously I was in conversations with the city attorney and with the city manager about timing of releasing the videos. So the intent was always to release all the raw videos as best we could, but there was a timing issue because the officers had not been interviewed and because of delay in their interviews.

JA: Okay. How much of the bodycam footage have you had an opportunity to review yourself?

RF: Quite a bit of it, although I don't believe I've seen every minute of bodycam video, but I have seen, and especially because a lot of it is post-incident, if you will, certainly during the first aid, but I've certainly seen Fisher's. I've seen McKinley's, yeah, a lot.

JA: So, obviously, you know, we, as the investigators recognize you weren't on scene, but, obviously, you have some expertise, and so I want to ask you about the video, certain aspects of the video based on what you've reviewed so far. So let me ask based on your training and experience what policies were training issues? I don't mean issues in a negative sense. We use that terminology because I'm looking at some of your public statements you alluded to, you know, the fact that the video doesn't necessarily tell the whole story and that the investigation we have to look at how it was in training. So that's why I'm kind of couching it in this way. So what, what kind of issues policy-wise and training do you think are implicated? And I want to be clear here, as the investigator, that I'm not asking you to render an opinion, which, obviously, you're not in a position to do, so I want to state that very clear. But based on your training and experience and your view of the footage, what policies and training do you think are implicated by what you reviewed?

RF: Well certainly our use of- force policy applies because force was used. Policies related to detentions and arrests. So, so all training in policies and laws related to those areas. Those are the things that jumped, jumped out at me at the beginning and continue to be my areas of interest, for lack of a better term, now.

JA: I want to start with, and I presume, assume that was where you were going to go. So I want to start with the detention and the arrest, and I want to reference – and I'm going to paraphrase here – in reading some of your public comments. You made a comment in one article, which may not be true because I don't necessarily think that everything that you say that always makes its way into the actual story.

RF: There have been some interesting edits I've seen, but go on.

JA: But essentially, and correct me if I'm wrong, you know, you made a statement of something to the effect that, you know, it's not as though we could have, you know, left him there, you know. We needed to respond to the call. And so I want to ask you about that comment in the context of the need or the legitimacy in this instance of the detention and the subsequent arrest or attempt, however one might describe it.

RF: Well I'm trying to remember. I can't remember the specific comments that you're referencing, but I understand the jest of it. The question becomes, so responding to the call seems very straight forward based on my review of what sounds like two legitimate calls for service come into the police department of a suspicious person and whether they're in crisis, potentially involved in a theft. These are all, this is a classic police call. And some of my comments have been when people have asked me, specifically reporters, well if you had a crisis, a mobile crisis team, would that have solved this problem? And, I mean, that's speculation that I just can't engage in because I don't know, one, we don't have such a team that, that is prepared to do, to handle these calls; and, two, we certainly haven't established policy as a city or as a police department as to who responds when people call because there was a call that potentially invoked a criminal allegation, right? So will the crisis non-sworn crisis team go into those? We don't know. It's too much speculation. So there's that part of it responding to the call.

At least one reporter started to talk me about walking away, as I recall, and I think that's kind of what you're alluding to. And that is a judgment call that clearly the officers had to make. I don't know their state of mind. I don't know what they're thinking, and I don't know what their observations were beyond what I could see on the video. At some point we become responsible for people. We develop a -- forgive me, I'm talking, I'm a lay person talking to a lawyer – I understand we establish under law a special relationship. And so it's not always clear where that is in there. And so at some point it is potentially, potentially in a call like this we get to a point where it is not prudent, it is not ethical, it may not even be legal for us to walk away if we are leaving a person in danger. Now was that Mr. Gonzalez? I don't know. The officers would have to articulate, but that is a concern for me as I watch it that at some point we may not have been able to walk away. That doesn't mean we do what we, again, I'm not, I'm not passing judgment on those things, but does that answer your question?

JA: Yeah, I mean, we're going to walk through.

RF: I'm sure.

JA: Yeah. Okay. So, you know, you've got multiple calls for service. It seems to be a kind of quintessential call. Before we go beyond that, let me just ask you, were you aware or, you know, have you heard people talk about having prior interactions with Mario Gonzalez before this particular incident?

RF: Was I aware of Mario Gonzalez before this incident? No. I've learned that we've had prior incidents, but that's all subsequent to this.

JA: Okay. All right. And it was, you know, I've taken a look at the video and reports. A good number, you know, five, six, seven, eight calls for service. Similar in a lot of ways, you know, issues of potential intoxication. Transported to, you know, county, etc. But you're saying you didn't know about any of that before?

RF: No.

JA: Okay. And so one sort of related question, you know, 647(f)s are, you know, can be somewhat common. Are there or have there been conversations about the best way to deal with folks who are in that state since you've been here?

RF: Not that I've been engaged in.

JA: Okay. And so as far as you're concerned, as far as you understand from a policy standpoint, it's a determination that department has made 647(f) is as treated as, you know, any other misdemeanor if someone is unable to care for themselves you arrest them, you transport them. Is that basically –

RF: Basically. I know that there's a detox center that we have access to. I believe it's in San Leandro, but I don't know the particulars.

JA: Okay. All right. Fair enough. Okay. So sort of quintessential calls for service. Possible issue with the theft, which officer does kind of in a way determine maybe, you know, didn't happen, but notwithstanding that, that was the initial information. And then the gentleman, you know, his wife and kids talked about this person. They go out. They begin to talk to Mario. They have this sort of dialogue or try to have the dialogue about figuring out who he is, acquiring his identification. Is there anything that sort of stood out to you in those first probably about five minutes or so of just kind of: Who are you?

What are you doing you there? Are you okay? Are you thinking about hurting yourself? Any answers that stands out to you about, about that interaction initially?

RF: The thing that stood out for me in watching Mario, and this goes back on my training as police officer, because I worked in the heyday of methamphetamine, and I was on a team where we hit a lot of drug labs and things like that. So running into people under the influence of methamphetamine was literally a daily work occurrence for me, and arresting people for 11550, the health and safety code for being under the influence. Watching his fingers move, his clipped speech – the only thing that struck me is that he didn't look like a traditional methamphetamine user was he was so large. Most methamphetamine abusers end up losing a bunch of weight, right, it's essentially a nervous system stimulant. But I remember it kind of sticking out, standing out to me early on, like, and I wonder if he's on meth. So from a behavior stand-point that's what - - even on camera -- I remember even kind of thinking, Boy I wish I could see his eyeballs because usually the eyeballs, they're dilated and, I mean, again, you see enough people under the influence of methamphetamine you can really pick it out. So that stands out. Now in reference to getting his identification I thought Officer McKinley seemed to be fairly patient trying build, establish rapport with somebody who, who seemed to be altered. Whatever he was, again, mental defect, mental health issue, or some sort of physical impairment this was clearly a disconnect, so --

JA: There was a – you've reviewed the videos obviously at this point – there was a point in the conversation where I believe Officer McKinley, you know, sort of suggested, hey, you know, we get your information, check everything out, run warrants or whatever, make sure everything's good, you know, and then you can go your merry way and Mario makes a comment about merry and this sort of dialogue. Anything about, about that exchange that stands out to you? I mean, the officers seem to be fairly, you know, incredibly polite and gracious initially to you. From your perspective, consistent with training, interaction to that point?

RF: Yeah, I think so. And I think even telling somebody I just need, I just need to identify so you can get on your way is common diffusing tactic because, you know, especially people who either have warrants or have had warrants, don't know if they have warrants, you know, if they're reluctant to identify themselves sometimes I – look, I'm not trying to make a big deal here. I just need to know who you are, but you just have to identify yourself. That's what was going through my mind. I don't know that that's what Officer McKinley was doing, but that's what it felt like to me as I was watching. Keep it as low key as possible to try to elicit that cooperation so that we can get on with this.

JA: Okay. So, obviously, reporting officer arrives on scene. They start to continue the dialogue, obviously, continuing to request identification. And then at a certain point

there is a signal that's given that, okay, you know, we're going to arrest him. Obviously Mario wasn't certainly aware of that. Based on your training and experience, did that seem to be an appropriate decision given how things had kind of proceeded to that point? He had not provided identification. They didn't know who he was. They later said didn't know if he had any weapons or what have you on him, and so they decided, you know, based on the totality of the circumstances not the least of which was his intoxication, from their perspective. Okay. We're going, we're going to arrest him. Does that sound reasonable to you based on your observation of the, of the video?

RF: So this is, in my mind, this is really key to the whole thing. Why they put hands on Mario. Why they were trying to take him into custody. And it's also, it's the key to it. It's where my questions have been since the first time I saw the video that day. They finally showed it to me. I remember thinking, why are they putting hands on him? I don't know. And this is where it also becomes apparent that as a, as somebody who is having to pass judgment or the leader of the organization, I can't jump to conclusions as to why they, why they did what they did. Because if they did not have the legal authority to put their hands on Mario they're in big trouble, and if they had the legal authority to put their hands on Mario then they have the right to use force and all of these things. You know, that is the proverbial fork in the road right there. And I just don't know. And it also, it also made me think at the time I first watched it and every time I watched it since is I don't know what else that they could perceive that I couldn't. So if they could, so –

JA: Let me ask you about, and let me preface this by saying, you know, as we were thinking about questions and I was kind of getting ready, you know, because you're leaving I'm probably going to ask you questions that might not have asked you if you were staying because, as the potential decision-maker here, I don't want you to get into a situation where you have to getting ahead. But given that you're not going to be the person making the decision I'm going to push you a little bit because it's going to be helpful for us as we kind of drill down on these issues, which we obviously we've been thinking about as well. I want to talk about scenario number one that you've kind of decide – articulated in terms of the fork, which is, you know, did they have justification to put hands on him? And so under that scenario what is your, what is your thinking about what would have provided the appropriate justification? By that point what is known to the officers, at least based on what's on video, and obviously what I know they've indicated in their interviews is, you know, no identification, you know, they don't know who he is. They don't know if he has warrants. They don't know if he has any weapons. And as they've articulated, even though he wasn't particularly, you know, violent or anything, he wasn't, quote, unquote, cooperative.

RF: Right.

JA: And so is it your sense that that would provide the justification to then kind of go hands-on, or do you not feel that that's . . .

RF: If the point to make, if they believe that they've established probable cause in their, in their mind for an arrest and for either 647(f) and/or 11550, then they have the, you know, they have the legal authority to take him into physical custody and under 835 they have the, you know, the legal protection – I'm trying to think of the right word. I hate to use the word "right," but they have the legal authority to use force to overcome his resistance, whether it's active resistance or passive resistance, right? So that's –

JA: Why is that, why is a question for you? I mean, obviously you just indicated you don't know what they perceived on the scene. Sometimes you look at videos and it's very clear, you know, okay, it's very clear this person posed a threat or what have you. But it seems to me that you have that sort of question in mind. Like, okay, why ultimately did they decide to do this? What is sort of the lingering –

RF: Because I don't have the, because I don't get to employ all my senses, right, so if he's – I don't know by looking at that video that he's drunk. People jump to that conclusion because his behavior is altered and because they see alcohol bottles so they jump to the conclusion he's drunk. But he could be or not, I don't know. If he's drunk I presume he's going to smell strongly of alcohol, and that's something that the cops get on the scene that I don't, right? I mentioned earlier the 11550, and I don't know how well trained these two officers are if they've made an 11550 arrest before, if they knew that because, again, potentially if I'm there and I mentioned the eyes. If I'm talking to Mario and I see the rapid, the movement, the clipped speech, and if I can see that his eyes are dilated, especially when it's otherwise a well-lit area and I'm thinking, boy, this guy's 11550. Now normally I would try to go through, if I'm handling a call I would want to go through the seven steps. There's a seven-step process. You know, something they call Romberg Stand. All of these other things that are not legally required, per se, but they help bolster your case for presenting a case for 11550. So those are the things going through, again, going through I'm looking at it. What did they have? What did they perceive? And that's why I've always been very careful when I've been interviewed is, you know, can they, because I get asked very simply, could they do that? I don't know. Yes, but possibly no.

JA: Yeah. And so on side the equation you have PC, obviously, either based on 115, 647(f), theft, maybe a little more tenuous just based on the information that they received from Walgreens, or [inaudible 01:12:01] a 496 or something like that. But that's obviously on one side and then, obviously, if we have PC, you know, kind of go down one road where

--

RF: Yes.

JA: Where thing would follow, kind of follow potentially. And if not, then you're in a very different –

RF: Yeah. We don't have the legal authority to use force on people who aren't under arrest, right? And so that's, that is the danger. We occasionally handcuff people as part of the detention. And although lawful, it's dangerous business for us because once you start to put hands on somebody if they resist, now we can't overcome that resistance unless we're making a lawful arrest. And so that, that is the tenuous spot that I see as I view that video and that's why I don't know. You actually know more than I do because you've actually read their statements. I don't know what their mindset is.

JA: Okay. And so we move on. You know, they make a determination that they are going to arrest him. They reach out for him. They, you know, handcuff him, obviously. There is a struggle there. I want to kind of maybe bifurcate this a little bit. So in the initial efforts to, you know, get Mario into handcuffs while they're still standing, did anything stand out to you in that interaction that would seem to be at odds with, you know, policies and sort of normal resistance, not normal resistance, but resistance that you might see when someone is being detained or handcuffed, or particularly the conduct of the officers you see here.

RF: It's, no, I mean, I think what stands out a little bit is clearly Mario is strong and whether that is just natural strength, it's his size, it's, it's, it's induced by him being under the influence of substance. Again, no way of knowing, but I know from training and experience that the longer – I'm going to use the word dance, and I'm sorry to use – but the longer you dance with somebody, the longer you are in that proximity of touching, but you don't have them, that is a very dangerous place to be because you're allowing a person to formulate plans. You're allowing them to try to get you into a place of leverage. You're allowing them to potentially get to a place where you're now trip, because I see them moving up the, you know, the sidewalk a little bit. Your, your curbs and other things that you can trip over is just, and this is why a common police tactic is to not tell somebody they're under arrest until you're kind of – you do it all very simultaneously because we know, or we're taught, that a very common instance or a place in a contact where there is resistance is when you've touched somebody, which makes sense. It makes human being sense. But I touch somebody and somebody touches me I tense up and I pull in. Why are you touching me? And a lot of people at that point now they want to debate the merits of whether or not they should be arrested, right? Again, dangerous place to be for a police officer, for anybody. So you want to get them in handcuffs really quickly. Now they'll have all the conversation you want to have.

And so there's different tactics on how to handle that. So that's what stands out to me is that the longer that they are moving down the street that Mario is able to, whether he is actively trying to resist or just passively resisting, he is able to do so. Two trained police officers are not doing a very good job -- I shouldn't say it that way -- are struggling to get, to get him into custody, and the longer that this takes my, my anxiety starts to rise for everybody involved in it as I watch it.

JA: And ultimately, as the video indicates, you know, I was going to say they make a decision to take him to the ground, but, you know, it's either that or the force or the momentum.

RF: Momentum, yeah, whatever.

JA: What occurred.

RF: Yep.

JA: What led them to the ground. And ultimately you have at least two officers and another working to get Mario under control. You have a third individual, or I should say a fourth individual that's not a sworn officer who ideally should not, potentially, have been involved, but got involved to control Mario's legs. And so at that point as the video indicates, you know, there is this several minute long effort to get Mario under control with handcuffs. The videos show at various stages some of the officers on Mario, either with knees or what have you, I'm going to get the length of time that occurred in a moment and the fact that he was on his stomach in a second, but in terms of that effort and the officers sort of being on Mario, what, if anything, kind of stood out to you as that unfolded?

RF: That's he's continuing to struggle. Again, whatever that is about, why whatever's moving and that obviously he's continuing to struggle. And I think especially the lay person watches that and thinks, well once he's handcuffed and on the ground it's over. And it's not because we are still responsible. In fact, we are arguably more responsible for this person now because we've restrained him and so having fought people on the ground, handcuffed people who, you know, do all kinds of crazy things to try to assault, escape and all of these things. I'm not suggesting this was necessarily Mr. Gonzalez, but those are the kinds of things that happen. So the officers just because they got him in handcuffs they're still working pretty hard. That just stands out to me. I can hear it in their breathing. I'm, I'm happy that they've stayed calm, that there's not a bunch of expletives, that they're still trying to be communicative with Mr. Gonzalez. I mean, so there's positives that I see, but I see that the struggle has continued, that at the very least ,Mario is trying to use his body, it looks like to probably rock up a little bit. Not really

sure what's happening there because you can't see everything, but he is continuing to struggle.

JA: Okay. Based on your training and experience, you know, in a circumstance like this where you have an individual who has the physical characteristics of Mario, and to be explicit here, you know, a larger belly, which may cause certain issues if they're on their stomach or chest for an extended period of time. Is it your sense that in that, in those moments the officers could have done something different based on his physical characteristics? And, obviously, you weren't there but you've seen the video. What, if anything, would have been more appropriate than what they did there given Mario's condition?

RF: I would want to see him on his side as quickly as possible because that's, that's what we're trained to do is get somebody on their side. But, but there is – you're walking that line of maintaining that control, as I mentioned before, and getting him on his side. And if he's on his side and he's cooperative then it's pretty straight forward. It's pretty simple at that point. I have wondered, and it almost contradicts what I said a few minutes ago, that we're more responsible now that we've handcuffed him, but what would have happened if everybody just stands up and backs off and just lets him lay there handcuffed. Now I seen people flop, start banging their heads and things like that. Whoa, you've got to prevent them from hurting themselves. And did they think that that might have been Mario? I just don't know, but I've certainly, again, in my own mind thought what would happen if you just, if the officers just backed away, waited for the wrap. I'm sure we'll get to that in a moment here. But, yeah.

JA: I know that you've read, you know, probably a lot of articles about this and many of the articles, and I think probably because of this coming so quickly on the heels of George Floyd talked about the officer's use of their knee. And arguably there are some pretty clear differences between the use of an officer's knee in George Floyd. And here. That being said, is there anything that stood out to you about the weight that the officers had placed on Mario's back? The duration of time with which they used that weight, and/or the use of their knees or their body parts to control him in that period of time?

RF: It was another one of those moments. So looking, just being candid and frank about it, anytime, and probably because of what I mentioned was on the screen in my own office and I watched the video. So anytime I saw an officer's knee I cringed a little, which, which is probably on the one hand understandable and on the other hand potentially unfair to the officer. Just because I saw a knee in proximity to his back, that does not necessarily mean that they put any weight on, right? It doesn't necessarily mean that they didn't either. I just don't know. It's the limitations of the video. I was glad I heard it, you know, at least at some point they considered those things. They talked about. No,

no, no, no weight on his back. Those kind of things. So I believe it was going through their mind based on that, but how much weight, where they put their weight, again, it's the limitations of the video. I just, I just don't know. But for obvious reasons that's an on-going concern.

JA: Yeah. And you mentioned the wrap, which they, it sounds like, they intended to use or at least talked about on the video using. Do you think that would have been appropriate in a circumstance like that?

RF: I do because the wrap is a really good tool. I mean, it is actually designed to prevent what occurred here because it is designed to immobilize the legs. To stop the person who's trashing and kicking, you know, a lot of times this happens in a police car they start kicking doors and all of that or becoming danger to themselves because the flopping around that I talked about. So the wrap immobilizes the legs and it's specifically designed to get them in that recovery position, to force them to sit up and, actually, they can't allow themselves to lay back. They have to sit up so then when you put them in a patrol car they are able then to also combine that with the seatbelts and hold them in place. So if there is a safety for the officers, clearly, but there's also a safety for the person that's been placed in the wrap. Having been placed in the wrap under training, you know, years ago and all that. So it seems to me that the call for the wrap was appropriate and prudent.

JA: And then, obviously, you know, we've interviewed the EMTs and paramedics. You know, there's a point in the video where it sounds as though Mario may have been in a bit of distress, kind of the tone of his voice and what he was saying might have changed from one thing to another. And then pretty quickly, you know, silent and then very quickly the officers recognized that he's not responsive. Anything to you about that sort of chain of events from, you know, the sort of the end of the struggle to him going on unresponsive to the beginning of CPR that sort of stands out to you and as either being particularly good on the part of the officers or potentially an issue?

RF: I'm certainly glad they recognized it and they took those steps to render aid, I know there's been some criticism about them leaving the handcuffs on. Doesn't, doesn't bother me, I mean, visually it doesn't look good, I understand that. But, actually, from a medical standpoint to take the time under that kind of duress, you now know somebody's not breathing, to take the handcuffs off does not seem prudent. It does not interfere, in my understanding, with the application of CPR so I believe, I believe they did the right thing there by just immediately start rendering aid. And I've also seen people come to who start fighting and I don't know that that would have been Mr. Gonzalez, but I've seen that as well. So leaving him handcuffed did not phase me. Otherwise, I don't see anything else that jumps out or should call anything else should jump out.

JA: And we've kind of walk through most of the major aspects of the video. Is there anything else that we haven't covered that you sort of been thinking about from a policy or training perspective based on your view of the video, at least of these three officers.

RF: I think I would go back to the disengaging once someone is handcuffed. Is there a place there for us to as, both a department and even as a profession, to alter the training to where once someone is handcuffed, even though they continue to struggle, is there a way to safely disengage and not continue to stay on top of. Now, the danger there is so the person shows up with the wrap or you're ready to otherwise transport, you've got to re-engage to put the wrap on, to get them in a car, and all those things. But in terms of is that an area because positional asphyxia and those kinds of things, which has been around for quite a while, but it seems that that area evolves in terms of research. Is there something there that we can improve on as a profession? That's a question mark for me.

JA: Yeah. And you talked about walking away a bit. I actually want to go back to a particular point. You know, right before the decision is made to arrest, is it your sense that, you know, we kind of talked about this, but I want to make sure that I'm clear about it. Do you think an option at that point would have been for them to, I guess an appropriate option, would have been for them to leave him there?

RF: Yeah, it's a reasonable question. Again, it goes into state of mind and, in my mind, what were the officers thinking. I think, I think we too quickly – there's a couple things that stand out for me. One, is his altered level of consciousness, whatever that is. Otis Drive, major roadway is really feet from where he is. So to claim he's not a danger to himself at all standing there is to ignore the fact that a guy with an altered level of consciousness is, you know, feet away from a major roadway and could pose a danger to himself and other people if he were to stumble out of the [inaudible 01:29:13]. I think much has been made about the calls for service, but I think it's a mistake to just discount the fact that he was in people's driveway, as I understand it. So he's on someone's property and, you know, I wouldn't want my wife or my child or somebody in my house to have to go to their car to be able to leave and have this large man who's acting strangely standing in our driveway. The average citizen should not have to confront that person. Now might they have confronted him and Mario would have wandered away? Quite possibly. Or maybe he would have, you know, pan-handled or, you know, the speculation is endless here, but I think that's part of why we exist as the police. You bring an independent non-involved party to come try to mitigate this issue. So not answering the call, not responding to calls like that, yes, was always an option. I don't think that's a community expectation. And to once you realize he's altered in their residential area, major thoroughfare, at the point that they put hands on him right up to before then, were they in a position to walk away? I'm not sure. I'm not sure that they were. I'm not saying that that automatically justifies

putting hands on him. I'm not saying that they couldn't have gotten to a point where they could have walked away and left him there. Maybe they could have. We'll never know.

JA: Last question. Well, actually, I think you've covered this, but if you haven't I'll just ask it. From your vantage point now, and obviously hindsight is 20/20, and this very well could be beyond the scope of the factual inquiry here, but we have had conversations with the City about, you know, sending separate information about policy recommendations, but is it your sense that there are things that could have been done differently here based on, obviously you can't get into the minds of the officers, but what, if anything, do you think could have been done differently here that might have resulted in a different outcome? If anything.

RF: I don't know that I have enough facts to – if I don't even know why Mario died. Okay? Which is an important factor as well. So all kinds of things could have happened differently that my sense is that could have led to a different outcome or maybe not. I just don't, I just don't know. So and Mario could have cooperated too. That would have changed things, potentially, potentially changed the outcome. I don't know why the man, I don't know why the man died. So, I mean, you could look at differential policing response. It's cutting edge, but sending drones to respond in advance of police officers making contact. I know, for instance, Chula Vista is doing that. We started deploying drones in Fairfield towards the end of my tenure so that. I'm not sure this call would have necessarily evoked that kind of response, but certainly when you have someone acting strangely and you don't know what you have keeping police officers from safe distance, keeping everybody back, sending a drone over to get an assessment. Is the person armed? What are they doing? They look, they look harmless or we could see that it's not stolen goods there. And someone's looking real-time at a screen and says, "There is no reason for the cops to go down there." Call the people who have reported it, "Hey we've checked out. We don't see anything. If something changes please call us back, but otherwise we don't see a reason to engage that individual." And drive away. I think that's the future of policing, and I don't think that's necessarily a bad thing either. If we have this differential response for the fire department, for instance, is going to respond to these for us we're still going to have the same problem. They are still going to face the same dangers that the police officer does. And so we are not going to solve all of our problems. This is not the Panacea. We still have the problem of too many people with mental health in our communities, too many people with substance problems in our communities out and about. So probably beyond the scope of the factual inquiry here, but I'm sure there's plenty to learn from here and we absolutely should, and I hope that we will have positive change going forward.

JA: [unintelligible 01:34:24] questions here. Are you aware of any behavioral issues or discipline issues involving any of the officers involved here, Leahy, McKinley, or Fisher

either during your tenure or before?

RF: [inaudible 01:34:42]

JA: Let me just look here. There's one thing that I did want to do. I usually ask for explanation about your background. Obviously you mentioned that you were in Fairfield. How long were you the chief in Fairfield?

RF: Three years.

JA: Okay. And then what were you doing before that?

RF: So I spent almost eight-and-a-half years total at Fairfield. I was a lieutenant, a captain, and then the chief.

JA: Okay. And then prior to Fairfield?

RF: Prior to that I spent six years in the town of Truckee where I was a police lieutenant and a police captain. And then prior to that I spent fifteen years at the City of Concord as a police officer, detective, and sergeant.

JA: Have you ever testified as an expert witness? I presume you've testified at trials and prelims and things like that, but have you ever testified as an expert witness in any field? I don't, actually, whether you been declared witness for anything.

RF: How many times have I testified? I'm trying to remember if I was qualified as an expert. I've mentioned a lot of work drugs and those things back in the day.

JA: I guess, more importantly, expert in anything involving, like, use of force anything like that.

RF: I was a trainer in use of force, but I never ended up testifying.

JA: And who is responsible here at the department for trainings?

RF: Well so we have a training unit. So we have a sergeant that is in charge of training and that covers all aspects of training. And then we have cadres of instructors in various disciplines is the collateral assignment.

JA: Okay. And who's the sergeant in charge?

RF: Alex Keaton [phonetic 01:36:39]

JA: Okay. Yep. And then these particular caudres, they're specific to . . .

RF: Firearms, communications, defensive tactics, those kinds of things, TASER.

JA: And is there anything about this particular situation with Mario Gonzalez that the defensive tactics training would implicate from your perspective?

RF: [inaudible 01:37:19]

JA: So for defensive tactics training, what kind of training is that?

RF: It's all the hand, hand-to-hand skills and manipulations and all that so, you know, experts could look at this or trainers could look at this and say, you know, you should have taken him to the ground faster or that kind of stuff.

JA: That's basically my questions. So, I mean, obviously, here there wasn't, there wasn't sort of like a combat situations where they were defending themselves, taking someone to the ground and implicate defensive tactics I'm sort of alluding to that.

RF: So going back to my earlier comments where I used the term "dancing around," as a former instructor, again, recognizing that that was, you know, now becoming quite a while ago, training, not wanting, not wanting to walk around with somebody like they ended up walking around with him and willing to get somebody into custody more quickly would stand out as a potential training issue.

JA: All right. I think that actually, let me just quickly run through here and make sure. I think I've covered everything. Is there anything else that you'd like to have on the record? Obviously, it's not a public record but, anything else that you would like us to know or any particular areas beyond what we kind of discussed that you think would be important for us, as investigators, to kind of pay attention to more particularly? I want to give you an opportunity.

RF: No. I think we covered everything.

JA: All right. Well, it is 10:54 and that concludes our interview. Stop that.

[end of audio]

EXHIBIT 30

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**Transcript of Audio Recording of:
Interview of Daniel Martin (05/24/2021)**

Case: Audio Transcription re: Martin, Daniel GMT20210524-205913

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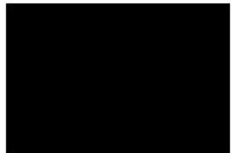
INTERVIEW OF DANIEL MARTIN
(Conducted by Attorney Jamal Anderson)

GMT20210524-205913
MONDAY, MAY 24, 2021

TRANSCRIBED BY:
DEBI DEVITT

PIONEER TRANSCRIPTION SERVICES

P.O. BOX 85
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JA: Good to go?

DM: Yep.

JA: All right. Good afternoon. My name is Jamal Anderson. I'm with the Renne Public Law Group. As I indicated a moment ago, our firm has been retained by the City of Alameda to conduct an administrative investigation into the circumstances surrounding the death of Mario Gonzalez following a contact with Alameda Police Department officers on April 19, 2021. I'm here with my colleague who can introduce himself.

AJ: My name is Anujan Jeevaprakash and I'm also an associate at Renne Public Law Group.

JA: Great. Why don't you go ahead and tell us your name?

DM: My name is Dan Martin. I work for the Alameda City Fire Department. Been here for about a year-and-a-half. That's it.

JA: All right. Well, we get into some details. I will try to keep my voice up because we've got some recorders going and we want to make sure that we are able to capture that for our transcription purposes. Before we get started, I want to provide you with a couple formal admonitions, at the end of which I will ask if you have any questions and happy to answer any of those. I should also note for the time. Today is Monday, May 24, 2021. It is exactly 2:00 p.m. So three admonitions that I want to provide with you today. The first is that we're simply asking you to tell the truth to the best of your recollection. This is not a test of your memory per se. If there's something that you don't remember, by all means feel free to say that you don't remember. If you think that there's something that would refresh your recollection, whether it be a report or something else – and I have a copy of your report which you can certainly utilize – by all means feel free to let me know. Or if there's something else after the fact that you think would refresh your recollection, an email or a recording, by all means feel free to let me know that as well.

The second admonition is with regards to confidentiality. This is a confidential investigation being conducted on the part of our firm on behalf of the City of Alameda. You obviously have a representative who is not present here, but available for you if you would like to speak with them at any point during this conversation, but our request is that beyond that particular representative that you not discuss the details of this conversation or the questions that we ask you here today with anyone else, primarily to protect the integrity of this particular investigation.

The final admonition that we provide to witnesses is with regard to retaliation. You are not to be retaliated against in any way, shape, or form for participating in this

investigation. If you feel that you have been retaliated against I would encourage you to contact an HR representative with the City or the Department. You may also reach out to us as well. Similarly, to the extent that you are in the position to, you are not to retaliate against anyone else who you believe may be participating in this investigation or providing us with any information. Those are the admonitions and let me go ahead and ask whether you have any questions at this point.

DM: I don't.

JA: Okay. It is a little warm.

DM: Yeah.

JA: I might open this window here if I can figure out. Get some little air. There we go. All good?

DM: Yep.

JA: All right. So let's go ahead and get started. You stated your name initially, but go ahead and tell me your full name again, please.

DM: Full name is Daniel James Martin.

JA: Okay. And what is your current title with the fire department?

DM: Firefighter/paramedic.

JA: Okay. And how long have you worked for the fire department?

DM: A year-and-a-half exactly.

JA: Okay. And it's my understanding that you maybe are just off of probation, is that correct?

DM: That's correct.

JA: How long is the term of probation?

DM: A year-and-a-half, so this is my first shift after being off probation.

JA: Oh, wow. Okay. Congratulations. Tell me what kind of training you received prior to

becoming a fire – is it technical title is firefighter/paramedic.

DM: Paramedic. You mean through the City of Alameda or just in general as far as –

JA: Both.

DM: Okay. So I'll just start with kind of the background and school that I attended before I got hired with Alameda. So pretty much right out of high school I went to Los Medanos College at JC. Got general ed, started taking fire classes, classes for my EMT certification, which I received before becoming a paramedic. After that I took, again, more fire classes. I went through firefighter one academy with Los Medanos College and that was more just hands-on skills, things pertaining to firefighting in general. After that I pretty much went to Sacramento State months after completing that program and went to paramedic school. That was about a year, around 480 hours in the classroom, 160 hours in the hospital, another 400 hours doing a field internship, and after that I worked as a paramedic on an ambulance for about six months in the City of Richmond. And then I got hired here and went through a five-month academy where we learned EMS, firefighting skills, and kind of just all the hands-on stuff that through, you know, the protocols of Alameda County and the City of Alameda. And after that I started my probationary period where, again, I trained on EMS, fire, basic fire skills and, obviously, was running calls for 48-hour periods once a week. And then that pretty much got us to where we are now where I'm off probation. It was only a couple months ago where this call happened so it was, I was almost off probation and completed all the training necessary to be, you know, to have that title.

JA: Okay. I'm going to ask you – well let me just ask you now. It sounds like you've obviously had lot of hours of training and, obviously, been on the job for about a year-and-a-half here. Can you tell me specifically what kind of training you've had relative to CPR?

DM: So during the academy portion when I first started here, every Friday we would have EMS training and we would talk about, you know, protocols. Each Friday we would kind of target a different section of the protocol book, whether it was cardiology, trauma, obviously, CPR, cardiac arrest stuff. And I would say we spent a majority of our time actually training on, you know, cardiac arrest, the drugs we were giving, the devices we had, you know, to aid us in giving CPR, whether it was the eye gels that were new, that were actually used on this call for his airway, and things of that nature. And, you know, once we came online and we were in the stations I had already had a decent amount of experience with that from the job I worked before this, but all the crews were, you know, really open to training about it and obviously once we had used those pieces of equipment and done those types of calls in front of them, if we weren't living up to the

expectations of the City and the County for protocols they would address any issues that people would have.

JA: Okay. And, you know, I asked you about CPR training. Perhaps I should have been more inclusive, but you can correct me if I'm wrong. If we were sort of to have a conversation about life events, life support training overall, what in addition to the CPR training have you received on that front?

DM: Through just the City or in general?

JA: In general.

DM: So to have an active paramedic certification there are certain certs you have to have underneath that kind of broad title. One of them is ACLS, which is, like, advanced cardiac life support. And that one really digs deep into, like, the cardiology, the rhythms you see on the monitor, what leads you to make certain decisions or go down certain algorithms of the protocol, which I think came into play during this call. And that class, I don't know exactly how many hours it is, but I would say at least, just in school, I spent, you know, eight hours of a formal class once a week probably hour, two or three hours training on cardiology, and then there are multiple tests you had to take and pass proficiently to get just, not just that cert, but your national cert and then your state cert and when I went to work as a paramedic in Contra Costa County, again, I had to prove that I had that knowledge prior to getting the job there as well as here.

JA: Okay. Cool. You mentioned already that your prior work experience, at least in this realm, was with the City of Richmond, is that right?

DM: Well it was through AMR, Contra Costa County, but I worked primarily in the City of Richmond.

JA: Okay. And how long did you do that?

DM: Six months.

JA: And you were an EMT?

DM: I was a paramedic.

JA: You were a paramedic. And what were your responsibilities in that job?

DM: Pretty much the same that I have here on the ambulance. Like, everything except the fire

stuff I would be doing there, so I was working four 12-hour shifts a week, responding to 9-1-1 calls, City of Richmond, Pinole, El Cerrito, kind of all in that area. And it was my job to be at sometimes the only medic, and usually the lead medic on scene because I was a transporting paramedic. I say sometimes the only medic because the City of Richmond actually runs BLS fire and so I –

JA: What's BLS?

DM: Like they only have EMTs so they don't have the ability to do more of the advanced cardiac and airway stuff. And so I think with that, you know, I had a lot of experience managing those types of calls and, you know, being responsible on scene for the decisions we made, whether it be the transport decision, what, you know, medications we were giving, things of that nature.

JA: Okay. Let me – what's your current shift now?

DM: I am on medic one B shift at Station One.

JA: Okay. What does that mean?

DM: It means, so today would have been my first day on duty for this tour, as they call it. So today is the first shift and tomorrow would be the second and so we work a 48-hour period in a row, which is technically broken up into two different 24-hour shifts. And then we'll have four days off in a row and then we'll come back into work. So we're kind of always rotating through 48 on, 96 off, and then so every week your days fall back one day, if that makes sense. So this week I'll work Monday/Tuesday and next week will be Sunday/Monday.

JA: And you said Station Two?

DM: Station One.

JA: Station One. And is that this station?

DM: Hm-hmm. [affirmative] Right over there.

JA: Okay. And have you been on that shift and at this station during the entire duration of your time with Alameda?

DM: So I've been on this shift the whole time, but my first six months of probation I was rotating around to different stations so I spent two months at Station One, two months at

Station Two, two months at Station Four, and then I came back here, essentially for the rest of my probation period.

JA: Okay. Got it. And who is your current supervisor?

DM: Right now technically I have two supervisors since there are two captains at our station and then I guess the chief would be the third. So Brandon Baley is the Engine Captain, who I would say is my most immediate supervisor. I tend to run most EMS calls with him as the lead supervisor on scene. Matthew Fortayon, who is the Truck Captain assigned to this station is also one my supervisors, and then Chief Christopher Marks is the Battalion Chief at Station One.

JA: Okay. And have you ever testified as an expert witness or as a witness generally in any kind of investigation, trial, preliminary hearing, what have you?

DM: No.

JA: Okay. Have you ever participated in an internal investigation at all during your time?

DM: No.

JA: Okay. All right. So let's go ahead and turn to the date of the incident here, which was April 19, 2021. First of all, let me just confirm with you, you can take a look at that. Did you primarily author this report? And take your time to skim through.

DM: Yeah, this is my report. So I, as a transporting medic, I will be responsible for writing the report for this call. The truck captain, Brad, who you guys, I think will be talking to after, he does a report that doesn't go as in-depth to the medical side of it, but he also has one called RMS and this is the EPCR for Mario.

JA: Okay. So a couple of things. First of all, what is EPCR?

DM: So that's the program we use. It's called ESO. I don't know, yeah, that's the program that Alameda County uses for the electronic patient care reports and you have to fill one out for every patient you have. In my case I fill them out for everyone that we transport and so since we transported Mario to Alameda Hospital I filled out the PCR for him.

JA: Okay. And it sounds like you said that, that Brad Eckelhouse, is that right?

DM: Eckelhoff.

JA: Eckelhoff wrote another report, potentially?

DM: He should have, yeah, an RMS. And that more of just a vague, like, we went on this call at this time. These are the units that responded. And that's the captain's duty to write an RMS for each call.

JA: Okay. You know, before we kind of dive into the specifics of this incident if you had to sort of tell me generally what the protocol is when you're called out, what would that be? Are you usually driving? Are you –

DM: So typically if, if it's a perfect scenario we're responding from the station, we typically would respond with an engine. But what happened was that the engine and us were actually both at wild man training so we responded from different places and the truck was closer so they responded initially to the call. But to go back and answer the question initially, I would be sitting in the passenger seat of the ambulance. The engine would lead out of the station and we would follow them to the call. The engine makes initial patient contact, general questions, you know, what's going on, what can we do for you. And then pretty much as soon as we can get our gear and the gurney ready from the ambulance we'll enter the building with them and, you know, kind of figure out where they left off and go from there. And then it's up to us to kind of work together and decide if this is going to be a patient that needs to be transported or not, and then once they are deemed that they are going to be transported they are essentially my responsibility and I make the decision to where we're going to take them based off, you know, their vital signs or current mental, or medical condition and we will go to the hospital and the engine company or truck company will go back to the station.

JA: And so in the instance like this one we'll get to in a second where the engine or truck arrives first, what personnel are on that truck?

DM: So all of our rigs in Alameda City have at least one paramedic. The truck that day ended up having two and so they have all the equipment that we would carry on the ambulance and all of the ability to do, you know, that higher level of care, the airway stuff, the cardiac stuff, which they did. You know, right away they got the patient on the monitor and figured out what cardiac rhythm he was in so when I got there it was pretty easy to transition to a certain arm on the protocol and start saying, okay, this how we're going to treat it, these are the medications we're going to give, and it was a pretty seamless transition.

JA: Okay. So let's go specifically to April 19, 2021 shortly around 11 a.m. Do you recall being on duty on that date around that time?

DM: Hm-hmm. [affirmative]

JA: Okay. And you indicated a moment ago that you were in training of some kind?

DM: We were at a wild man training in district four, which is right, pretty much on the border of Bay Farm Island and Alameda so right over the Bay Farm Island Bridge.

JA: Okay. And when you say “we” –

DM: Me and the driver of the ambulance, or EMT on the ambulance.

JA: Okay. Who was that?

DM: That was Paul Aray [phonetic 00:17:53].

JA: Paul Aray. Okay. And so you all get a call on dispatch, is that how this works?

DM: Yeah. So we had our radios on the whole training. During that time I think we were the only ambulance left in the city that was available to respond to calls for the Alameda Fire Department. There’s also Falck Ambulance that works in the county that could help us if we need it, but at that point we were out of service for the training. We heard the call come in and basically the training captain who was at the training said, hey, you guys go back into service. Go take this call. And so as soon as that happened we went back in service on dispatch and we responded to the call from district four, which at that point, we were pretty much on Bay Farm Island.

JA: Okay. Are you able to tell me what time, based on your report or your recollection, you first got a call?

DM: Let me see. This isn’t usually like how it’s written down so just give me a minute to find it.

JA: Yeah, take your time.

DM: So the call was received at 11:01:29. The call was dispatched at 11:03:11. And the first unit en route – or sorry, we were in route by 11:03:36. And I’m assuming that the truck company was also en route at this time based off of the time of dispatch. The truck company got on scene at 11:05 and then we got on scene at 11:09.

JA: Okay. All right. So between the time of the first call and the time of any arrival from Alameda Fire was about four minutes.

DM: That's correct.

JA: And then between the time around 11:01 and the time the ambulance arrived was about eight minutes or so.

DM: Correct. From the time that the call was given to the police department, yes. So by the time we were dispatched, or received the call, at the station it looks like the first crew was on scene within about two minutes.

JA: Okay. I see the dispatch.

DM: With the police performing CPR prior to arrival as well.

JA: I got you. Okay. And what, if anything, do you remember from the initial call? What was told to you? And forgive me if I'm using the wrong term -- call versus dispatch.

DM: No worries.

JA: What came over the radio initially?

DM: So initially what came over the radio, or the dispatch, was I remember hearing that it was cardiac arrest. It was, you know, I don't know if they gave his exact age on the dispatch, but it said around, I think, 20s or 30-year-old male cardiac arrest. And then all it did was give us the address and then, obviously, the nature of the call which was the cardiac arrest.

JA: Okay. And so did you respond to 802 Oak Street in Alameda?

DM: We did. We responded and we were told once we were en route that our best access would be from Otis because there was that small walkway. And Oak street, at the very end there, is, obviously, a dead end. So if we were to go straight in we could have issues if we were going to transport, you know, having to turn around the truck. It's poor access so we parked on Otis and made access through that walkway onto Oak Street.

JA: Okay. And you said that -- let me just make sure that I have -- Paul Aray was with you in the ambulance?

DM: That's correct. He was driving the ambulance to the call and then when we left to transport he drove the ambulance to the hospital.

JA: Okay. All right. So tell me what happened when you arrived on scene.

DM: So we got on scene. At that point the truck company had already started CPR and Mario, the patient, on the EKG pads so they had already figured out what rhythm he was in, which initially was PEA.

JA: What is PEA?

DM: That's pulseless electrical activity. And so PEA and asystole, which were the two rhythms that he was in throughout the code fall into the same arm of the cardiac arrest protocol as far as medication administration, things of that nature. And so we got on scene. I had actually been on this person before –

JA: On Mario Gonzalez?

DM: Yes.

JA: When you say you had “been on him before,” what do you mean?

DM: Like, we had transported him before. He had, you know, we had been on multiple calls for him.

JA: Do you, do you remember, I mean, can you give me approximate number of calls that you've been on with him.

DM: I would say 2-3.

JA: And in those prior calls did you provide any medical assistance or services to him?

DM: No. Not in the advance medical assistance. It was more just recognition of what was going on or things of that nature and then taking him to . . .

JA: What was his, what kind of behavior was he exhibiting on these prior calls? We'll come back to ours.

DM: Typically it would behavior, like, I know we've been on them a couple times in that Safeway kind of shopping center where people would call and say, you know, maybe he's intoxicated and would just call as a general, like, can you come and check on this guy. And basically we'd go interact with him. Say, hey, man, let's take you to the hospital to get you check out. And that was it.

JA: And would he allow you to do that?

DM: Yeah.

JA: Or were you able to do that?

DM: Yep.

JA: Without any incident?

DM: No, yeah, we've never had any incidents with him.

JA: In those prior instances where you've interacted with him, were there police officers on scene in those instances?

DM: Not prior. I had never had any interactions between him and the cops before.

JA: Okay. All right. So let's go back to April 19. So, and we'll be a little more iterative here and kind of walk through the steps. So what is the first thing that you observe when you arrive?

DM: So the first thing I observe was Tyler, in that picture, he was performing CPR. They had him hooked up to the monitor and basically, yes, that exact picture right there is what I saw walking into the call.

JA: Okay. And so this individual here you're identifying as?

DM: That's Tyler Headrick.

JA: Okay. And he is a –

DM: He's an EMT and he was the firefighter on the truck that day.

JA: Got you. Okay. And so what is he doing here in this picture?

DM: Right there he's performing CPR. It looks like Brad is getting to the med, like, starting to open up the meds, and the Derek Dutra who was driving the truck that day, is working on the airway. And so right now they're just performing basic, you know, 30/1 CPR, which is what you're trained to do initially before you have airway. And so they're just kind of jumping in where the cops left off. Where they were doing CPR and now we're on scene we're actually able to give ventilations of the patient and see what cardiac rhythm he's in.

JA: Okay. So Brad, Derek, and I'm sorry.

DM: Derek, Tyler and Brad.

JA: Were the three on the engine that first arrived?

DM: Truck.

JA: Truck, excuse me. And then you and Paul arrived after.

DM: Yep.

JA: And when you arrived you're indicating that you were observing, or did you observe Tyler giving CPR?

DM: Yes.

JA: Okay. And so kind of at this point I'll just let you give me a narrative. What happened next?

DM: Okay. So at this point I walked up initially. I actually recognized Mario off the bat so at first I said, what happened? Is there any information that they had given you guys about what could have potentially led to the cardiac arrest? And basically what Brad had been told was that all he knew that Mario was in custody and that he had a medical event and was in cardiac arrest, and that was all we knew. And so I walked up and I'm like, okay. I took that information. I looked at the monitor. I asked Dutra what he had done so far and basically they said that they had just been doing basic CPR, got the pads on him, and then we were there. At that point we identified the rhythm that he was in on the monitor, which is a non-shockable rhythm. So at this point he was already not a candidate for defibrillation and so we continued to work the code. Went back into CPR. I started to get access for medications, which we got an IO on his left leg initially. And then at that point we were just following the Alameda County protocol for asystole and PEA where we were doing CPR, and every ten minutes we were giving a dose of epinephrine at 1/10,000. And basically we worked the code for approximately, I want to say we were on scene for 13 minutes. Let's see. Yeah, approximately 13-14 minutes and so we had given one round of epinephrine with no changes. He remained in the rhythm that we were following the protocol to, and at that point we had also got an advanced airway. We had confirmed with something called end-tidal CO2, which it will basically measure the amount of CO2 that he'll blow off during ventilation, which we had a very good reading for despite him being in asystole. And so that just means that basically from the time he

had a cardiac arrest he had been getting high quality CPR from the time he arrested to where we were at now.

JA: How do you – before you go on – how do you make that determination or how are you able to reach that conclusion?

DM: With the end-tidal?

JA: That you're getting high quality CPR

DM: So the normal range of end-tidal reading would be 35-45, and that's someone who's up walking around, breathing.

JA: You're saying N as in Nancy?

DM: E-N-D, like, end-tidal.

JA: End-tidal, okay. Got it.

DM: And so for someone in cardiac arrest it's not uncommon to see numbers like 7, 5, 8, and so if you have a patient who is in cardiac arrest, but has a good end-tidal that means, basically, there wasn't a huge gap in time from where his heart stopped and somebody started essentially beating it for him, which means if – it was creating a good exchange of the oxygen and CO2 in his blood and giving him the best chance to survive. And so at that point, you know, like I said, we've given one round of epinephrine. We're following the protocol. We were only on scene for 13 minutes so I didn't give a second dose yet. And at that point more by-standers had started to approach the scene. People were stopping their cars on Otis and starting to look at what was going on. With the protocol we could have worked him up the entire 30 minutes on scene and pronounced him without a transport, but because of his age, the people showing up on scene, and just kind of the overall situation we decided to initiate transport to the closest facility and kind of get him to an even higher level of care. And so that's what we did.

JA: Okay. You mentioned epinephrine. We'll come back to some [inaudible 00:30:25] and other things, but what was the purpose of administering the epinephrine?

DM: So that is, you know, it's a drug in the cardiac algorithm for cardiac arrest. It's basically adrenaline so it's going to give, you know, it's going to constrict the blood vessels. It's going to increase the potential cardiac output and basically try and give this guy a better chance to profuse his brain, his vital organs, and things of that nature. Without getting too in-depth of what it does, that is essentially what it does.

JA: And so if I heard you properly you were saying that you could have done the full protocol which, I guess, is 30 minutes?

DM: Hm-hmm. [affirmative]

JA: What is the protocol?

DM: So the whole protocol for asystole and PEA, which, again, are rhythms.

JA: How many, I know you've said that a couple times and it now, but let's just do the definition.

DM: Yeah.

JA: So asystoleen?

DM: Asystole.

JA: Asystole.

DM: That is flat-line on a monitor so there is no electrical activity at all.

JA: Asystole, PPPEA.

DM: PEA, which is pulseless electrical activity. And essentially what that means is that his heart is generating, like, a pulses of electricity, but it's not originating from somewhere in the cardiac muscle where you could give a shock and have it be effective.

JA: So there's a protocol for someone who presents in that way?

DM: Hm-hmm. [affirmative]

JA: And that protocol is what?

DM: That protocol is three doses of epinephrine every 10 minutes. Basically, continuous compressions if you have an advanced airway, which we did, we ended up going continuous compressions after that and monitor their end-tidal CO₂, and that's it. Keep reassessing. So you reassess every two minutes. You're giving the medication every 10 minutes unless there's a change to a different rhythm, which he didn't have a change. So we kept going down the protocol that way. And essentially once you've given the three

rounds of epi and it's been, which would be about 30 minutes from the time you start doing CPR, you can call the code if his end-tidal is less than 7. And you can call it without contacting a base physician, without, you know, having to do anything else. Essentially you can say this guy has passed away and we're not going to transport him.

JA: Okay. But you did not do that prior to transporting this case? Okay. And so tell me what happened. Walk me through the transport process.

DM: So basically once me and Brad had kind of briefly talked to each other on scene and saying, hey, you know, there's a lot of people starting to show up here. This guy's really young. I think we should transport. He agreed with me and I said, hey, he's still in PEA. I'm sorry – he was in asystole at that time. He's in asystole. I think that taking him to Alameda Hospital, which is the closest medical facility, would be the most appropriate thing at that time. And so once we decided to transport we kept doing CPR. We rolled him over, got him on a tarp so we could lift him up and put him on our gurney, and then basically throughout that whole time as best as we could while we were moving him, you know, continue doing CPR. I actually stood on the gurney once we got him on there was continuously doing CPR while we were getting him into the back of the ambulance. And then once he was in the back of the ambulance we continued again that protocol. And so by the time we had made it to Alameda Hospital we had given one additional round of epi because he was in asystole still, and basically that's all we did for him. We kept doing CPR. We gave an additional round of epi and then we turned over care to the hospital.

JA: How long did the transport take?

DM: Let's see. We left the scene at 11:24:59 and we arrived at Alameda Hospital 11:26:56, so approximately two minutes.

JA: Okay. When you were on scene, going back for a second, and actually I know I should remember this, but can you do me a favor and just write the names of the [inaudible 00:35:06] just above their heads here so that I have it and Tyler's there in the middle. Thank you very much. So in this other photo, which we don't necessarily need so much, but I'm going to show you. Obviously there are officers on scene here.

DM: Hm-hmm. [affirmative]

JA: When you arrived on scene had the officers discontinued their administration of CPR or was it just Tyler at that point?

DM: When I got on scene, basically, Tyler had taken over from what they were doing so I –

they were no longer involved with the compressions or anything like that.

JA: Okay. And so what were the officers – I know you were obviously focusing on other things.

DM: Yeah.

JA: What, if anything, did you observe the officers doing when you were on scene?

DM: I would say that they were doing more or less crowd control, so keeping a perimeter around us, letting us do our job, and, you know, giving us the minimal information that they had about what happened prior to the cardiac arrest.

JA: Okay. I know you sort of answered this given what you already said you observed, but is this the physical position that Mario was in when you arrived?

DM: Yep.

JA: He was on his back?

DM: He was on his back already like that.

JA: Okay. Okay. Let's see. And at any point did you see him on his stomach? It sounds like you may have turned him a couple of times.

DM: We put him on his side, basically, when we went to move him onto the tarp and lift him onto the gurney.

JA: Okay. But other than that you didn't have a reason to sort of turn him on his side or on his stomach?

DM: No.

JA: Okay. Let's see. And you indicated what Brad was told when he arrived, but do you recall being told anything specific about Mario's condition yourself? Did an officer say, hey, this is what --

DM: What I heard about it was what I asked Brad. I didn't go and try and talk to the officers again at that point. I was just focusing on doing our job.

JA: Okay. And at any point when you were doing your job did you, yourself, check Mario

for a pulse?

DM: I can't remember. I did when we transported him, but initially when we were on scene like this, Dutra was on the airway so he was manually checking the pulse and I was looking at the monitor and we were just kind of conversing about that. Where I confirmed that I wasn't seeing activity on the monitor and he was confirming that he didn't feel anything. And so that was, that was the only time I physically checked for his pulse was after we had transported and we were doing another pulse check, rhythm check and I did not feel a pulse.

JA: Okay. Can you turn for me to page one of the report that you authored. And in the one, two, three, four, in the fifth section it sort of talks about treatment. I'm going to ask you a couple of questions and you to kind of explain for me.

DM: On the flow chart?

JA: Right here.

DM: Yep, okay.

JA: It would be helpful if you could provide me with some clarity about what these descriptions mean. So that first section it says manual airway – first of all the time says PTA, what is that?

DM: So for me, since we got on scene approximately two minutes after them I will put PTA because those interventions were done by someone prior to our arrival so that's PTA: prior to arrival.

JA: Prior to arrival. Okay. Got you.

DM: Yeah.

JA: And so this says treatment manual airway. Patient response improved. Complication, none. What is that?

DM: So that means you can actually see it in this picture here. It looks like Dutra put an OPA in.

JA: What's an OPA?

DM: An oropharyngeal airway is what it stands for, but it's essentially a piece of plastic that

you put kind of down to remove the tongue from blocking the airway to give a better ventilation with the BVM so for that reason it was improved because it was improved access to give him ventilations and he didn't have any complications with it.

JA: Okay. And just a process question. Derek, obviously, provided this treatment, so to speak. Do you, in preparing your report, go back and ask the other guys, hey, what did you do? Or how do you put together this information if you weren't on scene when it happened?

DM: So when I did write this report we obviously all sat down together so that it's we got to make this, you know, in chronological order.

JA: All right. That's helpful. Okay. Let's go onto the next one. Oxygen, bag valve mask, flow rate 15. I guess that's an LPN.

DM: Yeah.

JA: Patient response, unchanged. Successful complication, none. What is that mean?

DM: So, again, this means basically once he had the manual airway placed he had started giving ventilations with the BVM. Fifteen liters per minute is just the standard amount of oxygen you would give in a cardiac arrest, which is just high-flow oxygen. And it was successful and he had no complications. But the response was unchanged because, obviously, he didn't, he remained in cardiac arrest.

JA: Okay. The next one is CPR, patient response, again unchanged. Successful complication, none.

DM: Again, you know, this, at this point and because these are all prior to arrival there's not necessarily a time stamp with these. It's just kind of when I entered them in, but, yeah, again, CPR was started prior to arrival by Tyler Headrick. It was unchanged patient response because, again, he remained in cardiac arrest, but we did have successful compressions.

JA: Okay. 11:10 it looks like you're on scene by that point. You'll have to tell me how to pronounce this next treatment.

DM: So that is intraosseous. Or it's IO. Essentially it's a needle that we'll drill into the patient's tibia and it's a good route for administration for medication for cardiac arrest just because it's very, down and dirty quick and you can get access that way.

JA: Okay. And so tell me what you did here.

DM: So once I decided that we were going to give epinephrine I basically found a site where I wanted to put the IO in and I drilled a needle into Mario's tibia and was giving epinephrine through that part of his leg.

JA: Okay. You mentioned eye gel before as a part of the protocol. I see that here in this section of the treatment so go ahead and tell me what eye gel is and then tell me – it looks like Derek did this, but tell me what happened here.

DM: So an eye gel is essentially a more advanced form of what this is. It goes deeper into their esophagus and essentially it will block their esophagus so if he was going to vomit or anything like that it wouldn't get into his lungs and then there's a small hole that has an opening over the trachea, which is where we give the ventilation. So if you give the ventilations through the eye gel from the BVM it will give air directly through the trachea into the lungs, which is why it's more an advanced airway.

JA: All right. And then at 11:11 it sounds like maybe around the same time, Brad administers Naloxone, is that right?

DM: Correct. And so, again, with the minimal information that was provided the cops had told Brad that they had tried to give one dose of Narcan before we got there, and so since we had no idea, you know, what his state was before we had gotten there we decided that we would try and give another dose just to rule that out and see maybe that's why he was in cardiac arrest.

JA: And was there any response to that?

DM: Nope.

JA: Okay. And then I see rescue pod here at 11:12, also with Derek. Can you tell me about that?

DM: So, again, that's another, basically it helps again with the more advanced airway. It's a device that will essentially – it has a light on it and it will blink every time you're supposed to give a ventilation and it's just kind of an aid device they recommend we put on all patients in cardiac arrest.

JA: Okay. And then at 11:13 and 11:23, as you just indicated, you've got the doses of epinephrine.

DM: Hm-hmm. [affirmative]

JA: When you administer epinephrine if it is successfully administered, what would the response be if it was –

DM: You would hope to see a change in the cardiac rhythm from either a PEA or asystole into something called either V-fib or V-tach, which we didn't see. And V-fib and V-tach are essentially rhythms that the heart is generating an impulse, so electricity, from a shockable area of the heart and you could see it on the monitor and basically at this point if you see that during your pulse check/rhythm check you can give a defibrillation to try and, you know, really give the patient the best chance they can coming off a cardiac arrest.

JA: Okay. And so that was at 11:23, and I think you indicated a moment ago you then left the scene at 11:24, so during the next minute or two you had made the decision.

DM: We had given this in the back of the ambulance and as soon as I had given it. Before we started moving again in the ambulance I said, hey, let's just do one. The last, you know, before we give the second round of epi well check to see before we start moving if his rhythm is till, you unshockable, which it was, and then I gave the second dose of epi and we started our transport.

JA: So the 11:23 administration of epi was in the ambulance. What time did you start to physically move him into the ambulance?

DM: I mean, I don't have that documented but I would say probably around 11:21-ish, around there.

JA: All right. Let me ask you some additional questions from the report. If you can turn – actually, same page. Clinical impressions up at the top there, in the top right corner. The primary impression is obvious death. The secondary impression is cardiac arrest. Can you tell me what those impressions mean, starting with the “obvious death” and then moving to “cardiac arrest”?

DM: So obvious death, you know, he's, he has no pulse. He's not breathing on his own. That was my primary impression of the patient. Secondary impression just is kind of me confirming my primary impression. Once I saw his rhythm on the monitor we confirmed because what they had done prior to my arrival he had no pulse, he wasn't breathing. And then my secondary impression was, okay, he is in cardiac arrest.

JA: Okay. So I know that there are obviously very technical terms here, but let me ask it this

way. Did his condition change at all between the time when you or Tyler and Brad and Derek were on scene and the time that you transported him to the hospital?

DM: No. No.

JA: Okay. And that is notwithstanding any of the measures that either you or the Alameda police officers who were on scene utilized?

DM: Correct, yeah. By the time we got there after everything we had done up until transport there was nothing changed.

JA: Okay. And so, you can correct me if I'm wrong, but, you know, would it be fair to say that he was already dead, [inaudible 00:48:06] fire arrived on scene?

DM: That's correct.

JA: Okay. But it's just the case that pursuant to the protocol you didn't pronounce him while you were there.

DM: No. Yeah. Well, yeah. I mean, per the protocol if this was, you know, in a bedroom, there were no bystanders, he was -- even with his age we could have pronounced him because of the rhythms he was on and because of his lack of response to our interventions. We could have pronounced him.

JA: [inaudible 00:48:47] When you say you could have pronounced him do you mean when you all first arrived on scene?

DM: No. After doing 30 minutes of our CPR and drug administration.

JA: Okay. But what would you say about his condition when you all first arrived on scene? And, obviously, I'll ask Tyler.

DM: No, yeah, and I had talked to them about it too, like, was there anything that, you know, what did they see when they first got there and they said they confirmed that he had no pulse. At that point Alameda PD was already doing compressions and so Tyler confirmed by checking a manual pulse himself that he was not having, you know, he was pulseless. He wasn't breathing, and then as soon as he deemed that that was -- they were correct in starting CPR we went straight into our CPR efforts.

JA: Okay. So pulseless and not breathing when the truck arrived. And he obviously was pulseless and not breathing at the point in which you transported him.

DM: Yes.

JA: And there was no change in condition.

DM: No.

JA: So would it be unfair to say that he was dead when Alameda Fire arrived on scene? Or is that a fair characterization?

DM: I think that's a fair statement.

JA: Okay. Even though you weren't able to pronounce him because of protocol?

DM: Yeah.

JA: Okay. Fair enough. Let me ask further down on that column in terms of criminal – criminal -- clinical impression. It mentions barriers of care. It says unconscious and obesity. Can you tell me about both of those and how, why they are included in the report and how they would have impacted the care that was provided here.

DM: And so barriers of care, obviously, unconscious we can't ask him any type of questions or we don't know, you know, if he's altered, if he's having chest pain, if he's, you know. We don't essentially know anything because he's unable to tell us. Obesity was added into the barriers of care because he was too large to fit on our mechanical CPR device, which essentially wouldn't necessarily be a – it wasn't stopping us from performing high quality CPR, but at least it did not give us the ability to use the LUCAS device, which, I mean.

JA: What is the LUCAS device?

DM: It's essentially, it has a back plate, there's a plunger attached to it, and it does manual compression so it frees up another guy to help with other things like medications, airway, and things of that nature.

JA: Okay. You mentioned something earlier that I want to make sure I don't forget it. You mentioned that based on his state he was not a candidate for shock, is that right?

DM: Hm-hmm. [affirmative]

JA: Can you expand on that for me?

DM: So because he was in those rhythms, the PEA initially, and in asystole per the Alameda County protocol those are non-shockable rhythms and so, like, if you think about a just a classic AD, right, you put the pads, anyone can put the pads on someone and it will say shock, [inaudible 00:52:10], no shock. And so what essentially we're doing with that protocol is looking at the rhythm and then making that decision. Instead of the monitor or CPR device doing it for us. And so since we saw PEA and asystole the whole time we made the decision not to shock him because of what the protocol says.

JA: Okay. Let's see. Your narrative report mentions that Mario was pulseless on arrival. I think I asked you this already, but did he ever regain his pulse while you and the other Alameda Fire personnel were on scene?

DM: Nope.

JA: Okay. You mentioned already that he was not pronounced on scene, and is that because of the protocol?

DM: That was not necessarily because of the protocol. More of just what was happening on scene because of, you know, bystanders. Obviously, the location of where he had the cardiac arrest and, like I said, his age. It just kind of turned into a judgment call and me and Brad were like, yeah, let's, let's get him out of here.

JA: Could he have been pronounced on scene?

DM: He could have.

JA: Who makes that call?

DM: That would have been my call to say, hey, let's stay here and do this. But because of, like I said, the nature of the scene we made the decision to leave and transport.

JA: Okay. The report mentions that he was transported – or, sorry, the transport was issued despite – and I'm going to mispronounce this – continued and I think this is what you said, asystole. Is that right? This is on page two and it's one, two, three, the fourth line in your narrative. Patient's age, quality, EtCO₂. Transport was issued despite continued asystole.

DM: Let's see. It says due to the scene becoming overcrowded with bystanders, the patient's age, and quality end-tidal CO₂, transport was initiated despite continued asystole. So I did actually even had the fact that he had good end-tidal CO₂ as one of our decision-

making factors. So essentially what that means is that because the scene was overcrowded with bystanders, he was a younger patient, and he did have good end-tidal quality CO₂, even though the protocol states that we don't have to transport patients in asystole we made the decision to do it because of those things.

JA: Okay. And the reason that you don't have to transport someone is because?

DM: Essentially we will bring them to the hospital and the doctors will say the same thing. You know, it's, he's done.

JA: All right. Let's see here. I think you already answered this. You and Paul arrived, transported Mario. I think you walked me through the measures that you took during the transport. Let me ask you about the CPR type that's mentioned in the report. I believe that is on page, the bottom of page two. It's that last row under specialty patient CPR.

DM: CPR type?

JA: Hm-hmm. [affirmative] Compressions, continuous; compressions, intermittent with ventilation; ventilation bag valve, mask; ventilation, impedance, however you –

DM: That's, so the ITD, that is the ResQPOD. Impedance Threshold Device.

JA: Impedance Threshold Device.

DM: And so essentially what this means is that once we had the eye gel we went into continuous compressions, and then when we were just doing the basic airway we had compressions that were intermittent with ventilations.

JA: Okay. All right. I'm going to get the video set up here in a second, but let me ask you if you have any questions based on what we covered so far? Should be pretty darn quick. Are you good with time?

DM: Yeah. You're fine. Hm-hmm. [affirmative]

AJ: I'm good.

JA: You're good? All right. I think I asked you this and you said no, but have you had an opportunity to view any of the publicly available video of the circumstances?

DM: I saw some of the clips on the news, but I haven't seen all the video, no.

JA: Okay. All right. I want to show you.

[video playing]

JA: Okay. I'm going to have you watch just a few minutes of this, and I'll just play it uninterrupted and then I'm going to ask you what your observations are. If anything sort of stands out to you based on your training and experience. I think we will basically be done.

DM: Okay.

JA: So let me just go ahead and turn it this way. And are you able to see that?

DM: Yeah.

JA: Adjust the light here. Adjust the volume. That's too loud for you. All right. I'm just going to play it through here for a few minutes. Can you see that okay?

DM: Hm-hmm. [affirmative]

[video playing]

DM: Do you want me to talk at all while I'm watching this part or just –

JA: Do you –

DM: I can just wait.

JA: No, I mean. We can, let's pause it while you have the thoughts here.

DM: So essentially what I saw from the start was that it seemed like that was the moment that they realized he might not be breathing or he might have went into cardiac arrest. They checked the pulse, they didn't feel one, they started doing compressions, and then it seemed like – I couldn't see his face in the video, but it seemed like maybe they thought that he might have tried to breathe on his own or it looked like he was breathing. From experience I can tell you that if you start doing compressions right away on someone that goes into cardiac arrest, and even if you're not, they can have something that's called an agonal respiration. And so essentially if he goes into cardiac arrest and his hearts not beating, his brain's not being profused, if they start doing compressions right away they can actually profuse his brain enough to basically stimulate, like, an agonal breath. It doesn't mean he's breathing on his own. Doesn't mean he's regained a cardiac rhythm,

and so that could be what they saw or they, you know, they could have just wanted to check again, you know, to confirm is he pulseless and the did and then I'm assuming that they're going to go back into CPR at this point.

JA: Okay. Let me ask you since we paused for a second. Does anything stand out to you in terms of their positioning and how they are administering CPR thus far?

DM: No. I would say they're doing, like, very high-quality compressions.

JA: Okay. And how do you – why do you sense that based on what you see on the video?

DM: Just with the effort that they're putting into the compressions. The fact that they were doing continuous compressions, and that they had, you know, minimal interruptions with saying, hey, let's check again real quick. Nope, okay, let's go back and do CPR. Which are all very good things, especially with a new cardiac arrest.

JA: Did you notice there was a portion of the video where they, it appears turned him onto his side.

DM: Hm-hmm. [affirmative]

JA: Is that part of the standard CPR protocol? Is that what you do to check for a pulse or?

DM: I think, I mean, if they did that I think it was because before they did they said, hey, he might be breathing and so if they were thinking maybe he was going to vomit or maybe he was breathing on his own. It's not part of the protocol per se, but I think what they thought was that he had started breathing and so they just tried to see if, you know, to get him off his back, open his airway in case he was going to vomit or something like that.

JA: And would, you noticed that he was still in handcuffs at least for a portion of this so far.

DM: Yeah.

JA: And one of the officers asked to take the handcuffs off of him. It doesn't look like they did, but would that in any way impact their ability to properly perform CPR or impact –

DM: I don't think so. The fact that his hands are so low, his back is still on the ground and like I mentioned before with our end-tidal measurement it was pretty obvious that high-quality CPR had been started and, you know, with minimal interrupts continued throughout the cardiac arrest until we had got the ability to measure it. So I don't think it hindered the effectiveness of the compressions in anyway.

JA: Okay. Let me play you here again. We have a couple minute sand we will be done.

[video playing]

DM: So, again, still continuous compressions. Looks like they're switching out pretty frequently which is another good thing. And then it looks like that's when they tried to give Narcan themselves.

[video playing]

DM: This is when Tyler shows up.

JA: Okay. All right. Any other additional observations based on any of that in terms of how CPR was being administered, their positioning?

DM: No. I think --

JA: Mario's condition?

DM: I think that, again, you know, they were switching compressors very frequently. They were doing continuous compressions, which are all good things for CPR. I think their quality of compressions was good. That's it.

JA: Okay. Let's see here. You mentioned that you recognized Mario. Did you tell any of the officers on scene or did you say to anyone else, I think I got this guy from prior calls or anything like that?

DM: No. All I did was ask Tyler. I just said, "Hey, is that Mario?" And he said, "Yeah," and that was it. I didn't.

JA: Is he like a frequent flier? I mean, do a lot of people, lot of guys know him?

DM: I mean, there are people who are more frequent than him, but I would say, yeah, a lot of people had ran calls on him or seen him. He had, there were times where he would sit in front of the station and kind of knock on the door.

JA: In front of this station?

DM: Yep. And just kind of be, like, standing around.

JA: Okay. Last sort of different kind of question, but, you know the City has talked about in recent months the development of protocol to kind of provide assistance to people from adult services or what have you, are you all looped into that, or is that a County thing? Do you go on calls for any of those?

DM: From what I know, at this point we're not looped into that yet. Like, I have heard the discussions about potentially instead of sending cops to certain calls that we would be responding to them in more of a mental health capacity and that kind of a new rig for those calls exactly. We haven't started doing that yet and all I've heard so far is that it's just a conversation. So I don't know what why that's going or what the new, you know, topics are or conversation or where it's at is, but I know that it's an idea. That's all I really know about it at this point.

JA: Okay. Anything that comes to mind for you?

AJ: You covered it.

JA: Okay. Anything else on your front from the report or anything that's in the video that's jogged your memory or anything that you think would be important for us to know about the care that Mario received or his condition on this particular date?

DM: No.

JA: All right. With that then we will end the interview. It is 3:09 p.m. We appreciate your time.

DM: No worries.

JA: And we will go ahead and stop all the recordings. It smells like bacon.

DM: Yeah, I do smell that.

JA: I'm hoping it's a --

DM: It's probably going to put it in this --

[end of audio]

EXHIBIT 31

RPLG

Renne Public Law Group[®]

[REDACTED]
**Transcript of Audio Recording of:
Interview of Tyler Headrick (05/24/2021)**

Case: Audio Transcription re: Headrick, Tyler GMT20210524-231147

Reporter: Debi Devitt

P.O. BOX 85
Penn Valley, CA 95946



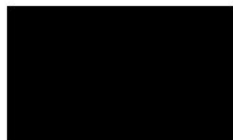
INTERVIEW OF TYLER HEADRICK
(Conducted by Attorney Jamal Anderson)

GMT20210524-231147
MONDAY, MAY 24, 2021

TRANSCRIBED BY:
DEBI DEVITT

PIONEER TRANSCRIPTION SERVICES

P.O. BOX 85
PENN VALLEY, CA 95946



AJ: We're good to go.

JA: Good to go? All right. Good afternoon. It is Monday, May 24, 2021, 4:12 p.m. As indicated, I'm Jamal with the Renne Public Law Group. I'm here with my colleague.

AJ: Anujan Jeevaprakash, also with Renne Public Law Group assisting with this investigation.

JA: And as I indicated, we have been retained by the City of Alameda to conduct an administrative investigation in the circumstances surrounding the death of Mario Gonzalez following the contact with Alameda Police Department officers. I am here at Station 1 in Alameda with... If you can state your name.

TH: Tyler Headrick, Firefighter/EMT for City of Alameda Fire Department.

JA: Excellent. Thank you very much. Before we begin with questions, I want to provide you with a couple of admonitions that we give to everyone who participates in our interviews and investigations. The first is with regard to telling the truth. We're simply asking that you tell us the truth to the best of your recollection. Not a test of your memory. If there's something you don't remember, by all means, feel free to let us know you don't remember. If you think that there's something out there that would refresh your recollection, a photograph, text message, an e-mail, and you want to look at that after the fact, by all means, feel free to let us know and we could certainly follow up with you.

TH: Great.

JA: But we just want the truth to the best of your independent recollection.

TH: Yes, sir.

JA: The second admonition is with regard to confidentiality. This is a confidential investigation. And so, to preserve the integrity of the investigation, we ask that you not share the contents of what we discuss here today with anyone other than a union representative associated. I know that there's someone on standby. That person's not here in the room right now. But you could certainly feel free to speak with them. But beyond that, we'd ask that you not discuss the contents of the conversation—

TH: Yes, sir.

JA: ...or the information that you've shared with us here today.

TH: Understand.

JA: Finally, with regard to the third admonition, that is about retaliation, you are not to be retaliated against for your participation in this investigation. If you do feel that you've been retaliated against, I would encourage you to contact HR whether that's here at the department or with the city. You can also reach out to us as well. And to the extent that you're in a position to retaliate against anyone, you are not to retaliate against anyone—

TH: Yes, sir.

JA: ...who is participating in this investigation or providing us with information. Any questions about any of those admonitions?

TH: No.

JA: Okay. All right. Then, let's go ahead and get started. You already stated your name at the top. Tell me again your specific title.

TH: Firefighter/EMT.

JA: And if you can tell me, how does that differ from firefighter/paramedic?

TH: Just a lower level. So, basic life support verse advance life support. So, pretty much no invasive procedures except for I think now we can do Narcan and EpiPens and stuff like that, so. Other than that, paramedic's going to have a higher level of care.

JA: Okay. And how long have you worked as a firefighter/EMT?

TH: For 12 years, seven here with the City of Alameda.

JA: Okay. And where were you before that?

TH: Central Valley. Keyes Fire Department and ProTransport Ambulance.

JA: Okay. And what were you doing prior to that?

TH: College. Yeah.

JA: Okay. Can you tell me a bit about your educational background?

TH: Yeah. I've got a degree from Cal State Stanislaus in Kinesiology. And then went into

fire science. Got my AS in fire science, my EMT, all that accreditation. And then started my map on the career path to firefighter.

JA: Okay, great. And prior to joining Alameda – well, I guess at any point, did you attend an academy of some sort?

TH: Yes. Fire Fighter Academy from Modesto Junior College which is their accredited and fire [unintelligible 00:03:50] ET school is Abrams College in Modesto. And then, like I said, Cal State Stanislaus for all my other educational stuff.

JA: Okay. And so, was that immediately prior to joining Alameda, or before the other—

TH: Before. So, I didn't get – I initially got hired 2009 and in the fire service with Keyes Fire Department. Didn't get hired with Alameda until 2014.

JA: Okay. Got you. All right. I want to ask you about two topics which may be interrelated. And you can talk about them however you want. One of them is going to be about your training specific to CPR administration. And the second is going to be about any training with regard to advanced life support. I don't know if they're related, if they're separate. So, take them as you will. Can you talk with me a bit about, you know, CPR training and then any training with regard to advanced life support?

TH: Yeah. So, CPR training is, I mean, in my opinion is very basic. We've actually gone – it's even got simplified over the years since I originally learned. Now they're going to like, a hands-only bystander CPR is what they want. We want the heart pumped as hard and fast as they can to keep that blood flow. That's more important, I guess, from studies than actually stopping to give breaths because you allow the pressure in the body to kind of lower when you stop CPR. So, the best high-quality CPR available is just hard and fast, and as continuous as possible without stopping, so. And then, when you start getting into, you know, BLS, dropping an airway, you know, OPA's, MPA's, a BLS life support skill, then advance goes, you know, you're in the tracheal tubes and in your clean airways and stuff like that. So... It just steps up. The more hands you have on scene, the more available you are to start adding in those extra levels of care. But from the first standpoint, bystander CPR is just down and dirty, quick and hard on the chest. And just keep that blood flowing to the brain.

JA: Okay. What's your current shift here?

TH: B Shift. So, yeah. 4896. Yeah. And I am on B shift.

JA: Okay. Got it. And who is your current supervisor?

TH: Brandon Baley is my current captain.

JA: Okay. And do you have anyone that reports to you at all, or?

TH: No.

JA: You've been at this for a while. So, have you ever testified as a witness in a trial—

TH: I have not.

JA: ...or deposition?

TH: Never have.

JA: Preliminary hearing?

TH: This is first time right now.

JA: Okay. And so, no other investigations or anything?

TH: No, no.

JA: All right. Fair enough. All right. I want to turn to the date of the incident here. April 19, 2021. Can you tell me, first of all, were you on duty on that day on that time?

TH: I was. On the truck. Yeah. I was the tillerman on the truck.

JA: And what is a tillerman?

TH: So, drive the back of the truck. So, our truck steers from the back as well as the front. Just helps with maneuverability. And that's where I was, that was my position for the day. Which is different than my normal position. Normally, I'm on the engine as a firefighter. I had to slide over because my qualifications, I can tiller. So, they needed me there for the day. So, I was moved over to that spot for the day.

JA: Okay. And so, was Derek driving the truck this day?

TH: Yeah. Dutra. And he was the paramedic. And then, Brad Eckelhoff was the captain on the front that day. And he's also a paramedic.

JA: All right. So, you all are together. And it's my understanding that you are here at the station when you got the call?

TH: Yes.

JA: Okay. Can you tell me – and you can reference the report if you need to. Do you remember around what time you received the initial call?

TH: I know it was morning. I would say somewhere around 10. Between 10 and 11. I could look though.

JA: Yeah, yeah, yeah. Absolutely.

TH: [unintelligible 00:07:19].

JA: Oh, wait a minute. Third shift there.

TH: Okay. Yeah. So, looks like call number one, dispatch notified 11:01. Call received 11:01. So, then, we're dispatched. So, at 11:03 is when the call comes in to us and we take, and we get ready to take off from the station.

JA: Okay. And do you remember what information you received?

TH: So, I do. And I remember the fact that I did not hear the age of the patient or what patient was involved. I just heard the address, cardiac arrest, and CPR was in progress. And honestly, in my mind, I'm familiar with the address there. We've ran a few calls of the driveway where he was at. In that house, there's two disabled children that live there. So, in my head when we were going, that's what I thought we were going to. I thought I was going to a child call at that residence. So, I was in hyperactive mode. So, when we arrived on scene, I flew off the truck because, I mean, obviously, with kid calls, adrenalin is a little pumped up. So, take those, you know, pretty serious. And then, yeah.

JA: And so, 802 Oak Street, it sounds like you're familiar with that block is where you responded?

TH: Yes, sir.

JA: Okay. And tell me what you observed when you arrived on scene.

TH: So, we arrived on scene. I jumped off the truck, grabbed all of our gear, as much as I could carry at the time. And as I started walking over, there was an APD officer that was

meeting me half way saying that they had an unresponsive male who they had thought was intoxicated and they had administer-, he was letting me know that they had already administered two rounds of Narcan if I remember correctly. So, that kind of changed. As I'm walking, I'm thinking I'm going to a kid call. And then, I understand that it's an APD that's a police officer call and that they have an adult male who they're working on.

JA: Okay. And so, what'd you do when you got there?

TH: Immediately when I got off the scene, sounds kind of stupid, but sometimes people give Narcan for an overdose. And with narcotic overdoses, you don't always lose the pulse. It's a respiratory drive that's suppressed. So, my first thought was, does this patient have a pulse and they're doing unnecessary CPR. Because when I'm walking up, there was already a police officer who was on the adult male's chest. And, I mean, he was going down. So, my first thought is, double check, make sure he's pulseless, and then, continue on with CPR.

JA: Okay. And, you know, we'll watch a bit of the video in a second. But from your initial recollection, did it appear that the officers who were working on Mario, we now know as Mario Gonzalez, did it appear that they were doing things appropriately?

TH: Incredible CPR. Actually. And to my – I don't know what AP's standards are as far as what their medical training is that they need to have. I'm assuming probably just regular CPR. But the guy, the officer that was there, I don't know who it was. But he was doing really good CPR. And actually, when I took over CPR, he actually stepped back. And he stayed there to tell me, hey, if you get tired, I'll swap out with you. And that's not unusual, but kind of unusual. Because usually it's like, oh, medical guys are here. We're going to bail out and go do our thing. And he stayed right there. And he was, like, ready to go if I needed help, so.

JA: Yeah. And from your perspective, what makes the administration of CPR incredible?

TH: Effective?

JA: Yeah.

TH: So, just from looking, strong, fast CPR and getting good depth in the chest. And you can kind of see that. I mean, not to get too graphic, but sternal bones were already, kind of ... When you go on a chest, the first thing you do is you start hearing some cartilage pop.

JA: Hm-hmm. [affirmative]

TH: And it, by the time I got there and started going, the cartilage had already, was already gone. So, that tells me that somebody's already pushed really hard on his chest and it's already been effective. Because what that does is that allows you to get down to the heart muscle and really press that heart muscle down and get that contraction apart, so. And then, going in further, once we got him on the monitor, we got the capnography end-tidal. And you could see what his end-tidal respirations were. And it was very good. So, I can't remember exactly what it was, but it was good enough that we were like, okay. CPR is definitely effective at this point, so.

JA: Okay. And did you say a moment ago (and if you didn't, I'll ask) that you initially checked his pulse? Because it sounds like you thought maybe...

TH: Yeah. Yeah. So, I just double checked. He was still doing CPR. I had him pause for a second. I checked for a pulse again, realized, okay, he has no pulse. Continue CPR. Let's – and now we're going down this road. So, my medic was still walking up with gear that he had grabbed. I was the first one there. So, I just wanted to make sure that we're going down the right path from the get-go and we're not doing something that's unnecessary.

JA: Okay. And I can see from the video, and I, you know, played a couple videos and watched the video. But it seems that you were primarily responsible for the compressions. Is that right?

TH: Yeah. Yes. Yeah. Once I start, I mean, I take it. That's my job. So, that's, I'm not going to give it up to nobody. I don't like giving work to anyone, so.

JA: Okay. So, walk me through what happened once you started compressions. What did you do? What happened?

TH: So, once we started compressions, I believe Derek was getting the monitor ready. He was getting the pads on so we could see a cardiac rhythm to see what rhythm he was in. Once we realized he was in a non-shockable rhythm and he was asystole with, like, some agonal – which I'm not a paramedic. So, I'm not an expert at this. But he was having, like, little pulses, little, I guess, contractions in the bottom ventricle is what they were calling it, so. But not enough – there was nothing there that we could shock him. So, the only thing we could do is continue CPR and then start the medication route that the medics were going to do.

JA: Okay. And did you continue compressions until the point at which he was transported?

TH: I did. I did.

JA: Okay. And about how long was that?

TH: I think, maybe 15 minutes. 10 or 15 minutes. I think we did two or three rounds of epinephrin if I can remember correctly on scene before we decided to transport him. And that's usually about five minutes apart on the epi drug, on the drop, so.

JA: Was Mario Gonzalez on his back the entire time that you were working on him?

TH: The entire time. From the time that I turned the corner and saw him on the ground, he was on his back and they were doing CPR. So, from the time I walked up to the time we transp-, got him on the gurney, he was on his back the entire time.

JA: Do you remember if he was handcuffed while you were working on him?

TH: I did not. And I feel stupid because I didn't. But I never even thought to, I mean, check. I didn't even – we just – CPR was going. And I think it wasn't until Derek went to do an IV that he realized his arms were behind his back. But at that point on the monitor, I mean, we were getting great CPR, so.

JA: Yeah. The handcuff issue, if someone's arms or hands were behind their back as you were starting CPR, would that impact your ability to effectively provide that treatment?

TH: No. No. And, and it didn't because it was going well. And it didn't even cross my mind to even go that way because we were getting effective CPR.

JA: Okay. And so, you've mentioned what you were doing. What were the other Alameda fire personnel doing at once?

TH: So, Derek was helping me. It was just him and I. Our ambulance was actually delayed a little bit. They were coming from the training grounds. So, they were a little ways out. Usually, they're right behind us. So, we usually have five people on scene like, right now. Well, it was him and I. And Brad was trying to just asses the situation, figure out what was going on. And then, he came over and then started helping us as well. But there was just the two of us at first. And Derek was doing the ALS stuff trying to get an airway established, IV access so we could start our medical regiment, and then just getting the pads on and seeing what kind of cardiac rhythm we had and where we were going to go.

JA: Okay. He did not have a pulse when you initially checked it.

TH: No.

JA: And he did not have a pulse when he left to be transported.

TH: No.

JA: Was there ever any chance in that between the time that you started on him and the time he was transported?

TH: There was not. Which, to me is weird because, I mean, in my experience, once you start giving rounds of Epi, I mean, we've had 90-year-old people that have went out. And epinephrin, at least you're going to get something back. We were getting absolutely no response from the epinephrin that was going in which to me is strange.

JA: Why is it strange?

TH: Just because I have a little underlying feeling that you can put epinephrin into a ribeye and it's going to at least start moving. And for him to be as young as he was, which I didn't know he was 26. I thought he was 30-35. We had ran on him a few times before. Didn't know his exact age. But I knew he was a young enough guy that usually that's a very viable patient.

JA: Sure. Let me back up to what you just said a moment ago. So, did you recognize him when you arrived on scene?

TH: I did. Yeah.

JA: Okay. And how many times do you think you had interacted with him before seeing him on this day?

TH: Me, personally, probably four or five actual calls out to him. And then, he has also been to the station where he's been ringing our doorbell and, kind of, just asking questions. He'd ask for rides to Hayward or rides here or rides to there. Probably maybe another four or five times in that capacity as well.

JA: So, a good number of times.

TH: Yeah. Yeah.

JA: So, setting aside the times when he's been here at the station. And the other times when you, you know, been dispatched somewhere where he's located, what kind of condition

has he been in? Have you had to provide any medical care?

TH: Yeah. So, it's usually a public intox call. And he's usually under the influence of something. We don't have the testing capabilities to identify that. But usually when we find him in that condition, it's just getting him to a higher level of care which is usually Alameda Hospital I think is where we transported him most of the time.

JA: And in any of those other potential public intox calls, were there police on scene when you arrived? Or was it just you all being called out, and you, kind of...

TH: Yeah. I can't say that there ever was. Usually it's like, the manager of Safeway. He's been in that parking lot a few times. Or it's the manager of CVS. Or someone in the parking lot, a bystander that's walking by and noticed that he's not looking too good or not doing well and would call. So, I can't say that PD was ever on scene with him when we were there. But usually, it was just us responding to him.

JA: And did you tell anyone else on scene, any officers or any of your other fire colleagues, hey, I know this guy? Or, I remember his – I don't know if you know his name, or.

TH: Yeah, I did. And I knew his name – I knew it was Mario at that point. Like, when I got on scene. I mean, I've talked to him at the station. I've talked to him on – normally when he was at the station, he was more communicative than when we'd usually run calls on him, he's, kind of, more intoxicated and not really coherent. But yeah. I definitely knew him. Told Dutra, or Derek, that I knew him. And he wasn't really familiar with him because obviously we're in different districts and stuff at different times. But I let him know that I had been on him before. So, and that the Narcan wasn't working. So, that's kind of, that's a key to clue into that it's probably not a heroin overdose unless it's something really, really strong. I don't know what the toxicology reports are. I don't know any of that stuff. But after three rounds, four rounds, some of the stuff that we're seeing is pretty strong. It's taking a lot longer for the Narcan to work to get these people to respond out. So, I can't say what he was on. But the fact that the Narcan wasn't working, the Epi wasn't working struck me as weird just because I knew he's a pretty young guy.

JA: Yeah. And so, the fact that the Epi didn't work, does that have any bearing on you thinking about whether or not he potentially was basically gone by the time you got there? Or is it just that Epi is so strong that it should work on him.

TH: It should work. And, I mean, even in the amount of time – I mean, I feel like from the time we got to the call until the time we were there was pretty quick. And I don't know what went on before that. You know? I don't know how long he had been down before

that. But we've been on patients that have been down for quite a while and gotten, you know, spontaneous circulation back. So, yeah. I...

JA: Okay. I want to... Let's see here. I think I asked you about breathing. And in case I didn't, yeah, obviously no pulse. He was not breathing when you arrived.

TH: Was not breathing.

JA: And he was not breathing when you left?

TH: No.

JA: Was there ever a point when you were providing any treatment where you felt like he had started to breathe at all? Or status pretty much—

TH: Not at all. It was pretty much the same status, the entire time that we were working him. That was, I think, part of the reason that, you know, Captain Eckelhoff, that he had said, he wanted him to get him going because it's like, we're, kind of, doing everything in our toolbox at this point and we're not getting a change. At that point, it's like, we almost need to get him to a higher-level care to see if there's something that somebody else can do. Because, I mean, as a young guy like that, should be a viable patient. Got to get him to a higher level of care to see if there's something that somebody else can do to get him, you know, going again.

JA: Okay. I want to turn your attention to a portion of the report here. First page, let me direct you to this section here. So, on the time portion, the first three entries, PTA, you're Daniel wrote this, he indicated that designation was, you know, prior to his arrival. And so, it looks like Derek, at least for here, it says manual airway. Patient was [unintelligible 00:21:47] improved. Complication, none. What does that mean?

TH: So, that just means when he went to drop the OPA, there was no blockage. There was no sputum. There was no vomitus that was coming up. The airway went in clean and it was effective.

JA: Okay. And then, the next entry says, oxygen. You've got the BBM there.

TH: Yes.

JA: It says Daniel, but I think that was also Derek.

TH: Yes, it was. Yeah.

JA: So, what's going on with the bag valve?

TH: So, we got the bag. We got it hooked up to oxygen at 15 liters per minute. So, it inflates the bag. So, he's getting ample oxygen in every breath that's being given. And as that bagging's happening, it's going in effectively. We're getting good chest rise and fall. And, yeah, no complications. Everything was working as it should.

JA: Okay. And then, you jump in here. It says, CPR, patient response unchanged. Successful complication, none. What's going on there?

TH: So, patient response unchanged. So, nothing's changed on the monitor. His heart rate is, or his heart – sorry. Cardiac rhythm is not changing. CPR is effective. It's successful because we're getting capnography. We're getting a response back. We're getting wavelengths on the monitor showing us if the CPR is effective. It's effective. Complications, none.

JA: Okay. And then, Daniel's here for this next portion of 11-10. What is that?

TH: That's an IO. So, that's an Intraosseous IV, pretty much. And what he's doing is he's literally drilling the IO into the patient's leg. And that's the fastest way to get medications and fluids into somebody.

JA: And that's into his tibia?

TH: That's into the tibia. Correct.

JA: And then, you've got the i-gel here with [unintelligible 00:23:38]. And what is that?

TH: So, the OPA is a BLS airway. That's where we just drop just initially to—

JA: Tell me what OP-, sorry. There's a lot of – OPA.

TH: OPA is oropharyngeal airway.

JA: I know. There's so many, just...

TH: I know. So, the first one is just a quick one that we can put in as, as an EMT. The i-gel is going to be a next level care, next better airway. So, now we have more hands on scene. So, it's viable to get a different airway in that's going to give us a better response, even though the first one we were getting a good response with.

JA: Okay. And then, it looks like Brad administered an additional dose of Naloxol. It sounds like there were two on board.

TH: Yes.

JA: Two administrations prior to your arrival.

TH: From PD.

JA: From PD.

TH: Yes.

JA: And I may not have asked him this, but is there any dangers in having more doses?

TH: No. No, there's not. And, that's why on patients like this, it actually doesn't hurt to just give it. Because if that's something that we don't know. We honestly don't know. So, give it. And if it works, it works. If it doesn't work, then maybe there's something else going on. There's some other con-, you know, some other substance or some other complication going on. But at least we've given it and we've tried to eliminate that as a problem or as a cause of what's going on.

JA: And if the Narcan works, what is generally the response from the patient?

TH: Usually with Narcan, we'll have some type of pulse. And then the respiratory drive is what responds. And then, the patient actually comes out of the altered state of mind. So, we've had people come out slow where they kind of just ease into it. And we've had people just snap right out of it. And usually, when, if you give too much, they come out a lot quicker. You can have vomiting or very violent, I guess, outbursts from the patient. The body doesn't like to do that. And usually when they come out, they're either aggressive or in a different state of mind where they don't like what's going on to him at that point, so.

JA: Right. Okay. And then, we've got the ResQPOD at 11:12. But again, patient responds unchanged, successful complications. Not Derek does that. Remind me what the ResQPOD is.

TH: ResQPOD is, goes on top. It keeps the pressure in the chest up. It doesn't allow the air to escape. So, it keeps the pressure within the body to keep the circulation going.

JA: Okay. And then, finally, two doses of Epi. I understand the first one was administered, it sounds like when Mario was on the ground. And then Daniel indicated that the second was administered when they were actually in the ambulance, but just before leaving the scene.

TH: Taking off. Okay.

JA: Does that sound right to you?

TH: Yeah. That sounds right.

JA: Okay. Let me turn to the next page there. And I want to direct your attention to this neck airway here. There's a positive sign and it says compromised. And I will ask Daniel because I forgot to actually ask him originally. Does that mean that there was something about his airway that was compromised or his neck that was compromised? Or does the positive sign not indicate that? I'm just curious to know.

TH: That – yeah. I saw nothing with his neck. He had good posture in his neck. We got the airways in very appropriately. The air that we were trying to get in was going in effectively. So, yeah. I don't know what he meant by that. But to me, it seemed like everything was working as it should.

JA: All right. I will ask him about that. Do you ever complete these reports? Or is this just—

TH: I do not. Paramedics only. Yeah.

JA: Paramedics only. That helpful clarifications. But you've obviously seen them before and you all discuss what's going to go in them—

TH: Yes.

JA: ...before. On the first page here, and this is not something that you would do, then we could skip it. But at the top here, clinical impressions, primary impression, obvious death. Secondary impression, cardiac arrest. Is that something that you all discuss before it goes in the report, or?

TH: Yeah, no. Like, I mean, we know – see, for me, I don't know what he's doing. But if I was to fill this out, I would have said, primary impression would be cardiac arrest. Not to fault – he knows what he's doing. I don't ever fill these out. So, but I just know our dispatch was cardiac arrest. So, that's what I'm seeing. Obvious death to me would be

like, we show up and you have someone who's been dead all night and you have obvious signs of lividity, rigor in the jaw, stuff like that. That would be obvious death to me.

JA: Okay. I got you. Further down, and it says barriers of care. It says unconscious and obesity?

TH: Obesity.

JA: Is it your sense that those two factors played a role in the ability to provide care here?

TH: Yeah. Although our CPR is effective, it's still... We have LUCAS devices here that are very good as well at CPR.

JA: Tell me what a LUCAS device is.

TH: So, a LUCAS device is an automated CPR. So, it's a machine that we can strap onto a patient and put down. And it will actually do the compressions for us at a rate that we either decide continuous or 30 to two. And that just frees up another body on the scene to do other things like airway, get IV bags established, get stuff going in another direction. But upon arrival, I knew right away, I carried the LUCAS in because I knew it was cardiac arrest. So, I grabbed all the stuff that we needed to get going. And you could tell right away, he was too wide to get – our LUCAS device would not fit underneath him. So, I knew that manual CPR was going to be the way that we had to go on him regardless.

JA: Okay. Now, correct me if I'm wrong, but Mario was not declared on the scene. Is that right?

TH: No. No.

JA: Okay. Are people ever declared on the scene?

TH: They are. But we have a protocol. So, I believe it's 30 minutes now within the county. So, we have to remain on scene for 30 minutes, give all of our rounds of epinephrin. Do everything possibly that we have in our tool bag and then they can be called on scene. Typically, for us, an older patient, we're probably going to go through that process with them. Somebody younger, somebody more viable, we're going to probably take them to a higher level of care even though we know the outcome. We knew that nothing was changing for us on scene. But at that point, when you have somebody who's younger and more viable, you want to give them every chance they have to come out of it, or get a higher level of care.

JA: Okay. Let's see here. So, in the report, you mentioned on page two in the narrative section, in the fourth line... And I'll just let you see my section here. It's highlighted section. So, transport was initiated despite continue asystole. What is that?

TH: That's exactly what I was just mentioning. So, even though he was still flatlined, we transported him because we wanted to give him the best opportunity to have a higher level of care and have success, you know, whether or not we were running out of our stuff that we can do on scene. So, let's take him somewhere where someone else can do something possibly different to give him a chance at survival.

JA: Okay. On the bottom of that page here, in this CPR type here, it kind of lists compressions, continuous compression, intermittent, emulation, etcetera. Can you tell me what that section means?

TH: Yeah. So, at the first part, compressions continuous. So, that was APD. All they were doing, they're, they're hand – it's like, hands-only CPR. That's what they're training now. So, Bystander CPR is you're just hands only. There's no – we're not worrying about the breath. We're worrying about the intercranial pressure, getting blood to the brain and keeping that going. Once it goes compressions to intermittent, now we have more hands on scene. Now we have the BVM. Now we have stuff, tools to start breathing as well. So, now we're doing CPR, pausing, breaths in, CPR, back at it again.

JA: Okay. And the ventilation is just the bag. Which I think is here.

TH: Yeah. BVM.

JA: This is back here.

TH: That is it.

JA: Okay. And then, the last, the ventilation impedance threshold device, what is – oh, that's the ResQPOD.

TH: Yes.

JA: Okay. All right. I think those are my specific questions about the report. Have you had an opportunity to look at any of the publicly available video about...?

TH: I saw, somebody sent my wife a picture of, pretty much me like this that ended up being on Snapchat or one of those social media. I don't have any social media. So, I didn't

personally see any of this stuff. But I did, she sent me a picture of me. And one of her friends asking, 'Hey, is that Tyler?' So, and that's pretty much it.

JA: All right. I want to show you about, probably a five-minute clip.

TH: Okay.

JA: Which may or may not be publicly available. I'll let it just run. And, and then I'll ask you a couple of questions about things that you've observed or anything that, sort of, stands out to you at the end. It's right here. Is that lighting good for you?

TH: Yeah.

[Video clip plays]

JA: So, tell me, first of all, is there anything that you observed here that, kind of, stands out to you? I mean, you haven't seen this, obviously.

TH: I have not seen that at all. Yeah. What stands out to me is actually how quickly they recognized that he was pulseless. Because for us, I mean, if you're talking to someone and knowing his age and they go out, like, you, I think for me personally, I would just initially think that he was just, like, passed out or something. But the fact that they really actually figured out that he was pulseless and started CPR that fast is pretty, pretty good in my opinion, pretty good. Yeah. And then, just watching the officers, both of them who were switching out doing the CPR, that's very, very good quality CPR.

JA: Okay. And is it the positing of the hands, the amount of time that they—

TH: Position of the hands and the amount of force that's going in. Because, as a heavier set gentleman, it takes a lot of work to get the good depth on the chest, to get good CPR. And then, also, it's really difficult to feel for a pulse on somebody who has a lot of extra, you know, tissue and stuff around their neck to get to the corroded and actually feel if there's anything there. And they recognized both that very quick. And even when I was on scene, it took me a second to figure out, like, am I feeling something? Am I not feeling something? And then, once you realize that you're not feeling nothing, you really have to confirm that. Because if you start going down the road of CPR, I mean, that's — I mean, you're going to do a lot of damage to somebody. It's not a pretty thing to get done. And that was pretty good in my opinion.

JA: Okay. I already asked you about the handcuffs. So, that's fine. There was a point there where they did turn him to his side.

TH: Yeah.

JA: Did it appear to you that they were checking his pulse? Or what did it look like they were—

TH: No. I think other people were arriving on scene. And everyone kind of has a diff-, I don't think they realized that he was pulseless at that point. The officers who had him on his back and were doing CPR knew that he didn't have a pulse and were doing the right thing. I think the officer who came up – I don't know who it was. But somebody said put him in the recovery position is what you would do if somebody had a pulse though. The fact that he didn't have a pulse, they were doing the correct thing first. But I think when you get a lot of people on scene, everyone starts throwing out ideas. And that's what it sounded like to me. And they put him on his side. And then, once they checked, reconfirmed he didn't have a pulse, they flipped him back over and continued CPR which was the correct thing to do.

JA: And someone mentioned something about checking his airways.

TH: Yeah.

JA: Did you hear them say that?

TH: Yes.

JA: Is that standard?

TH: Like I said, I don't know what PD is trained in for medically. But for us, that was very, that's good. That's exactly what you want to do. You want to make sure that at least it's open. They don't have the devices that we have to, you know, drop an OPA or do anything like that. So, or a BVM. And it sounded like they didn't even have an AED on scene. So, those would be things that, you know, would be the next step. And that's what we did when we got there.

JA: Okay. Did anything stand out to you as being improper based on what you observed?

TH: Not at all. If I was to say anything was improper, it would just be that slight second that they rolled him on his side. But at that point, I think there was just too many opinions going on of what was going on. And the guys who knew what was going on fixed that in a pretty good amount of time and continued CPR.

JA: Okay. For anything that I might not have covered that I previously had questions. Let me just read through my script.

AJ: So, I know that you had previously said that you hadn't watched any of the publicly available footage. That's correct?

TH: Yes.

AJ: So, is there any circumstance like, whether you've seen it, or heard about, you know, people talking about whether the department or outside about how Mario was interacting or acting prior to the EMTs responding?

TH: I did not. No.

AJ: So, and I guess the reason why I ask the question is because you had mentioned previously that you had interacted with him in previous interactions. That he had come to the fire department. I'm just curious as to whether there was any talk about whether this was consistent with how he has previously acted, and...

TH: Yeah. I don't know how they were acting with him. I know that a few times that we've been on, he has been incoherent and doesn't really follow directions very well. Like, even just getting him onto the gurney, doing simple things to get him to do, he's just... I don't want to say he didn't comply because it's not complying with us. We're just trying to get him on the gurney to get him to the hospital. He's just a little... You've got to give him a little extra guidance to get him to get on the gurney and go where he's supposed to go. But, yeah. I don't know how he responded to them or for them.

JA: Okay. Anything else that you did that we have not covered? Anything that this video jogged your memory of? Anything that looking at the report sort of reminds you of based on the things that we've covered here?

TH: I don't think so. I think that - yeah.

JA: Just one question that I didn't ask.

TH: Yes, sir.

JA: Is there anything that you think should have or could have been done (obviously, hindsight is 20/20) differently here either by the police department officers as you saw them—

TH: Yeah.

JA: ...or just knowing your crew and what might have been of assistance?

TH: For us, personally, I'll start with us. Because when we usually respond, we don't have an ambulance that's delayed, that would have been helpful to, you know, just initiate things. But the fact that nothing changed when we were on scene when we got everything that we were supposed to be doing going, maybe that wouldn't have mattered at all. After seeing that video, I think, I'm pretty actually impressed with the way APD responded to the, identifying the medical emergency, rolling him over, and then the effectiveness and how they were doing the CPR looked really good to me, so.

JA: You mentioned the delay. And maybe let me just go back and clarify here with the timeline. And let's see. So, you were dispatched at 11:03. It looks like you all got there at 11:05?

TH: Yeah.

JA: Okay. And then, by you all, I mean, the truck.

TH: Yes. The truck.

JA: And then, the ambulance with Daniel and Paul got there at 11:09.

TH: Four minutes.

JA: So, be a four-minute delay.

TH: Yeah.

JA: And in that four minutes, you were already, you know, evaluating Mario, starting compressions.

TH: Absolutely. And we're doing everything up to that point. We were getting prepared. When they showed up, there's, you know, they rolled right into our procedure of doing things. It's just always nice to have more hands on scene as fast as possible.

JA: So, if the... And actually, let me ask it this way.

TH: Yeah.

JA: My understanding from the conversation with Daniel is that the normal protocol would be that the truck would leave. The ambulance would follow.

TH: Right behind.

JA: And then, when you arrive together, would it be the, depending on the circumstances—

TH: Yeah.

JA: ...that if there was, I guess, someone in distress, the ambulance would take over first. Is that...

TH: No. We all go together. It's just, usually we have, the captain's getting basic information. So, now there's four of us there to get everything started at one time. So, we're pretty much covering everything at once and we can just get everything going faster if that makes sense. But the fact that they're not there, Derek and I were still able to do everything in order as it should.

JA: It just would have been helpful—

TH: It's always helpful for us.

JA: ...to have additional people.

TH: Absolutely.

JA: But it didn't impact the care that has been provided.

TH: Not at all. Absolutely.

JA: Okay. Anything based on that? All right. I think that's all I have. It is 4:59. So, we'll stop the recording there. Appreciate your time.

TH: Absolutely.

JA: I know it was unexpected, but we have a lot of good information from you. And, thank you.

TH: Great. Awesome.

[End of audio]

EXHIBIT 32

RPLG

Renne Public Law Group®

[REDACTED]
**Transcript of Audio Recording of:
Interview of Bradley Eckelhoff (05/24/2021)**

Case: Audio Transcription re: Eckelhoff, Bradley GMT20210524-221735

Reporter: Debi Devitt

P.O. BOX 85
Penn Valley, CA 95946



INTERVIEW OF BRADLEY ECKELHOFF
(Conducted by Attorney Jamal Anderson)

GMT20210524-221735
MONDAY, MAY 24, 2021

TRANSCRIBED BY:
DEBI DEVITT

PIONEER TRANSCRIPTION SERVICES

P.O. BOX 85
PENN VALLEY, CA 95946



JA: Are we good to go? All right. Good afternoon.

BE: Good afternoon.

JA: It is Monday, May 24, 2021, 3:17 p.m. I'm Jamal Anderson, again, with the Renne Public Law Group. As I indicated previously, our firm's been retained by the City of Alameda to conduct an administrative investigation into the circumstances related to the death of Mario Gonzalez who was in contact with Alameda Police Department officers. I'm here with my colleague who can introduce himself.

AJ: I'm Anujan Jeevaprakash, and I'm also an associate at Renne Public Law Group, assisting with this investigation.

JA: Okay. You can go ahead and introduce yourself.

BE: My name is Bradley Eckelhoff. I'm the apparatus operator here at the Alameda Fire Department.

JA: Great.

BE: I'm also acting captain.

JA: Okay. Fantastic. We are here at Station One.

BE: Station One.

JA: On Park Avenue.

BE: Park Avenue.

JA: In Alameda.

BE: In Alameda.

JA: So what I'd like to do, as I indicated moment ago, is I would like to go through just a couple of standard admonitions and then we will dive right into our questions here. First admonition is to tell the truth. We are simply asking that you tell us the truth to the best of your recollection. It is not a test of your memory. Perfectly fine if you don't remember something. If you, you know, don't, just say so. If you think that something to refresh your recollection, a report which we have here that was prepared by Daniel Martin.

BE: Okay.

JA: Or emails or anything else after the fact you can let us know, perfectly fine, but we're just looking for the best of your independent recollection. The second admonition is with regard to confidentiality. This a confidential investigation. We are here on behalf of the City of Alameda. You are certainly entitled to speak to a union representative, if you want. This interview, and I know that there is someone on stand-by in case you want to do that. But beyond that we ask that you not person we ask that you not share the contents of this conversation or the questions with anyone else as to maintain the integrity of our investigation. And finally, the third admonition is with regard to retaliation. You are not to be retaliated against in any way, shape, or form for any information that you provide to us for the purposes of this investigation. If you do feel, for whatever reason, that you've been retaliated against, I would encourage you to contact HR at the Department or through the City. And similarly, you are not to retaliate against anyone else for their participation in this investigation or for providing us with any information.

BE: Okay.

JA: And so with that, let me ask if you have any questions about any of those admonitions.

BE: No.

JA: Okay. All right. Then let's go ahead and get started. If you can, again, for me tell me your full name and your title.

BE: Bradley Eckelhoff. Apparatus operator and acting captain here at Alameda Fire Department.

JA: Okay. And how long have you worked for the Alameda Fire Department?

BE: Twenty-one years, nine months.

JA: And can you tell me a bit about your educational background and we'll get to training in a second, prior to becoming a fire fighter.

BE: High school graduate, very minimal junior college classes of fire science, fire academy, and paramedic degree. I was a paramedic, State of California. That's it.

JA: And did you work anywhere else a firefighter/paramedic before joining Alameda?

BE: Part-time jobs.

JA: Okay. For how long and what locations?

BE: Rig [Phonetic 00:03:42] County Fire Department, four fire seasons. I did a fire protection district, part-time fire fighter/paramedic for one year. Gold Ridge Fire Protection District for two years as a fire fighter intern, and a volunteer with Mill Valley Fire Department as a volunteer fire fighter.

JA: And how long – you mentioned the academy – was that prior to those part-time assignments or prior to coming here to Alameda?

BE: The fire fighter academy, that was before I came to Alameda, as well as the paramedic course to become a state paramedic.

JA: Okay. And how long were those programs?

BE: Fire academy was probably six months and the paramedic course was one year. I was accredited in the State of California.

JA: Specifically with regard to, and I'll ask you about these and you can sure talk about them together if you want. I want to ask about any specific CPR training or certification, either long ago or on-going and advanced life support, and I don't know if they are one in the same or part of the same program, but can you just talk to me about the training you've received with regard to those two issues.

BE: Our department every two years you have to be reaccredited or recertified for CPR, which is a BLS certification, and that's for adult and infant. And the Department makes sure we're up to date on those, every two years we're recertified. ACLS, same thing. Every two years you have to recertify and the Department makes sure that we have our recertifications done before our expirations date happen so I've been certified for quite a long time now.

JA: All right. Can you tell me what your current shift here is at the department?

BE: Forty-eight-hour shifts, 48/96. Work two days in a row with four days off after that.

JA: Okay. I know that you're the captain, which means you're probably –

BE: Acting captain.

JA: Acting captain. A bit of the boss, but do you have a supervisor? And if so, who is that?

BE: Do I? Christopher Marks, which is our division chief for B Shift.

JA: Okay. All right. And then this terminology might not be appropriate, but does anyone report to you directly? Who would consider you to be their supervisor?

BE: Say that again.

JA: Do you have any direct reports or trainees that work directly under you or that you supervise or manage?

BE: Just the crew. I had a crew of two other people that day. I had an apparatus operator and a fire fighter on the crew, and then myself.

JA: And so that's?

BE: It was

JA: Derek.

BE: Derek Ditra [phonetic 00:06:39]

JA: Tyler.

BE: Tyler Headrick, yes.

JA: Got you. You've been at this awhile so let me ask you. Have you ever testified as an expert witness in any kind of setting, whether it's preliminary hearing, trial, deposition, what have you?

BE: No, not yet.

JA: That's impressive.

BE: Yeah, not yet.

JA: Okay. And have you participated in any similar investigation as to [inaudible 00:07:04]?

BE: I have not.

JA: All right. So let's go ahead and turn to the date of the incident here, April 19, 2021. Let me ask whether you think it would be helpful to first skim the report that Daniel did, or whether you just want to go through and then if you have any questions you can reference it. It's totally up to you.

BE: I can scan it if I need to. I kind of have an idea what went on.

JA: Okay. All right. Sounds good. So I want to turn your attention to April 19, 2021, sometime around 11 a.m. Can you tell me approximately what time you remember getting the call?

BE: 11:00 a.m., mid-11:30ish, I think.

JA: Okay. And where were you when you got the call?

BE: We responded from Station One here from quarters.

JA: Okay. And when you say we are you referring to Derek and Tyler?

BE: The crew. The crew. Truck One, which was the apparatus. Derek Ditra was the driver and Tyler Headrick was driving the back of the truck.

JA: What can you tell me about the information that was relayed to you on the radio initially?

BE: Recall we did have a private ambulance responding from out of the city. One of our ambulances became available so they responded and I heard the [unintelligible 00:08:28] in progress. At a location of, I think it was 800 block of Oak Street and then we were advised by Alameda Police Department to park on Otis and access through a walkway to Oak Street where they were doing CPR when we got there.

JA: Okay. And so tell me, tell me about the scene when you first arrived at 802 Oak Street.

BE: We started, I told the driver to slow up just to see where we were going to go. I wasn't sure where it was exactly, whether it was on the sidewalk or where it was. So he slowed up, I look over, and we're getting flagged down by an officer. Like, okay, stop right here. So we stopped. We pulled forward to leave room for the ambulance, and then we stopped and I could see they were doing CPR as we were driving past a little bit to stop. Crew members got out, grabbed all the appropriate equipment to carry over to start doing advanced life-support type measures. We're the first apparatus there, first fire department apparatus. The ambulance was still on its way.

JA: So what did you initially do when you arrived on scene?

BE: Made sure I went on scene with dispatch. I advised the ambulance that CPR is in progress so they know that that was actually happening. I carried our orange box over, which is our box that has all the drugs in there. As you can see there, it's that one. Each of us, there's a lot of equipment that has to go into these calls if we are the first apparatus there. So usually if we have an ambulance arriving with us we split up the equipment. We're the first ones there so we're carrying everything over to the scene so we can go to work on this individual.

JA: So this, is this Derek?

BE: That's me.

JA: Oh, this is you?

BE: No, that's not, that's not me. That's Derek. Sorry, that's Derek, Tyler. Yeah. He had the oxygen bag, the green bag is the oxygen bag.

JA: Okay. Got it. Okay. And so where was Mario when you first arrived on scene? Mario Gonzalez.

BE: He was in the edge of a driveway, driveway sidewalk. His head was facing the driveway. His feet were facing the sidewalk. And the police officer doing CPR on him.

JA: Okay. And approximately how long between the time when you and your crew first arrived did it take for them to take over CPR from the police department?

BE: Immediately. Tyler Headrick immediately went down and took over compressions from the –

JA: And what information were you told by the officers or anyone else on scene when you first arrived?

BE: I was told that he was in custody and there was a medical event and that's, that's all I needed. At that point our first priority is to start advanced life support measures. Being a paramedic that was me so I had to help out. Derek, who is also a paramedic, to start getting this guy going with the appropriate measures.

JA: And the relay of information that he was in custody, does that change –

BE: No.

JA: . . . how you all would approach for writing services?

BE: No.

JA: Just for back --

BE: It's just quick, what happened? That's it. That's the only details I was given.

JA: Okay. And, let's see. Did you, at any point, check Mario's pulse initially or while you were on scene?

BE: The other, the two people that walked up ahead of me on the crew did and he was pulseless and apneic, meaning he was no pulse, not breathing.

JA: Okay. Can you tell me is there a particular protocol that is associated with a condition that you all found him in when you first arrived on scene?

BE: Well he was pulseless, not breathing. Hooked him on the EKG. The EKG with the, we use the patches. We put the defib patches on. He was not in a shockable rhythm, however, he was in a PEA rhythm. That quickly went to asystole after that. I think he remained in asystole throughout was my recollection.

JA: Okay. And approximately how long were you, about how long did you all provide life saving measures on scene?

BE: It was maybe 20, 20-odd minutes. It would be on here. I can tell you.

JA: Okay. Sure, yeah.

BE: Should be on the first page here. All right. So we were on scene at 11:09 and he was transported at 11:24 so we're looking at 15 minutes. And then, of course, the transport time was very quick - 2 minutes. So he was from the time we got there to transported 17 minutes at the back door of the hospital and, obviously, it takes 2-3 minutes to get inside and off our gurney.

JA: I want to direct your attention to the first page of this report here. And I understand that Daniel Martin prepared this. Let me ask you who signs off? I know Daniel is kind of new.

BE: Yeah.

JA: Is there someone that signs off on his reports or reports generally?

BE: We generally –

JA: Work on them together.

BE: Yeah, unless he has questions usually he does. The person that's writing it does.

JA: Okay. I want to walk through just a couple of items here in the report. So in the, one, two, three, four, the fifth section talks about treatments. It's a column there that says time PTA, PTA. Prior to arrival.

BE: Prior to arrival, yeah.

JA: Daniel already mentioned that was prior to his arrival.

BE: Yeah, that's correct.

JA: And it looks like Derek, well actually, I see Daniel there. It says prior to arrival oxygen. So the first thing treatment says manual airway. Patient response, approved. Complication, none. Can you tell me about that? It sounds like you were on scene by that point, just the three of you.

BE: Yeah, we were there first.

JA: Okay. So what's going on with the airway here in terms of that treatment measure?

BE: Patient response improves. He had a BLS early at that point, that's what I recall.

JA: So one step in the protocol is to check the airway or –

BE: Yeah, it's part of the ABCs. It's part of the BLS part. Usually we provide BLS for ALS.

JA: Tell me what BLS is.

BE: Basic life support, which means put the proper, neck in the proper anatomical position to receive the best breaths and airway to make sure the airway's open. So then the OPA is placed to make sure the tongue is out of the way, and then, of course, you're ventilating with a bag valve mask.

JA: Okay. And so there, the treatments that follow. Oxygen we just talked about, the bag.

BE: Yeah.

JA: The valve mask that – I didn't ask about this, so it says prior to arrival, Daniel says that he's the provider here so maybe that, maybe that's a typo. Not sure.

BE: Yeah, it's a typo. It should have been provided by Derek Ditra. You know, things happen so quickly that since we're all one --

JA: We should have caught it when we were having the conversations.

BE: Yeah, we're all one unit so, yeah, it's. So Derek for the, for running this resuscitation was at the head the entire time, meaning he was at the airway, which is one of the -- we always put a person at the airway and a person on a leg or an arm to provide an IV and that person usually delivers the medications. So and one guy's doing compressions at the chest.

JA: Okay. And so it sounds like Derek was at the head.

BE: Yes.

JA: Daniel was administering the medications.

BE: Yes.

JA: Which he mentioned at the tibia.

BE: Yes.

JA: And then Tyler was doing the compressions.

BE: Yes.

JA: Okay. And so they were doing this, what were you working on?

BE: I was, as you can see me at the orange pelican box, as the ambulance is walking up I'm flooding the IV bag and getting the IO ready, which is to go through the tibia of the leg, with the IO needle. He walked up and I handed it to him. Usually the captain runs the scene as overall scene management and makes sure that the, for safety, make sure things

are getting done and that's basically that's protocol so –

JA: So in that capacity how did you manage the scene on this date?

BE: Jus participating, make sure things are getting done. I did get out two epinephrines for him so because I was at the box there. So basically I'm at the feet watching everything and helping at the same time – being an assistant to Daniel and Derek.

JA: Okay. And if something is amiss or you notice that a member of the crew is doing something maybe not exactly the right way, would it fall to you to sort of correct that or to jump in or talk to me about that.

BE: That didn't happen this particular scene but, yeah, I mean, it's just, you're helping, you're correcting somebody in a nice way. Make sure things are getting done. We all correct each other so it's a team effort. We show up.

JA: So obviously you just said a moment ago it wasn't an issue here with your crew on scene.

BE: Yeah.

JA: What about when you arrive if police officers are administering CPR, if there's anything going on there that seems amiss or improper would it fall to you? And I'll get to this current situation in a second, but generally speaking would it fall to you or would it to fall to the supervisor of the police department to sort of say, hey, something's not –

BE: Like with medical care?

JA: Yeah.

BE: We show up we're taking over the scene for that. They have the scene for – they have the police side of it. We're not handling that. We're going to handle the medical side of it. And they immediately let us, allowed us to take over compressions as we did right away. And they were doing good compressions when we got there.

JA: Yeah. I'm going to show you the video in just a second.

BE: Yeah. We immediately took that over. They were fine with that. They were okay with that.

JA: Again on page one, on the top right corner where it says primary impressions. Let's see here. And you've seen a lot of these reports over the years, I assume. At the top it says

primary impression.

BE: Yep.

JA: Obvious death.

BE: Yep.

JA: Secondary impression, cardiac arrest.

BE: Cardiac arrest.

JA: What do those terms mean in the context of a report being generated like this?

BE: Kind of a subjective. It's your, it's your opinion what you think the secondary impression is.

JA: Okay. And so the obvious death?

BE: Yeah.

JA: What would an alternative be in that section?

BE: Could be drug overdose, something like that, yeah, possibly.

JA: Okay. Did Mario Gonzalez's – I think I asked you and you probably already said – he did not have a pulse when you first arrived, correct?

BE: Correct.

JA: Did he ever regain a pulse when you were on scene?

BE: No.

JA: Did the – for use, let me see if I can get this right. Did the rhythm ever change? I know that you mentioned asystole and you said PEA?

BE: We got there originally he was in PEA and he went asystole. That's usually, that's more of a grave sign. SO it's PEA is a little better than asystole, which is flat-line, so he went the other direction, for whatever reason. And that happens during these type of episodes.

JA: And did that ever change during the duration of?

BE: He stayed in asystole the entire time, to my recollection.

JA: In talking to Daniel, you know, I asked him, and I get that the terminology is important, would it be fair to say that Mario Gonzalez was already deceased at the point of which you first started administering care, or is that not a fair characterization since it sounds like his condition did not change?

BE: Yeah. I looked at age. He's 26 years old. For us to give him every shot in the world to get him to try to revive him. So to say he's deceased, well, technically he's pulseless and apneic, but until he gets to a, you know, higher ranked facility, which is a hospital with a doctor, I'm not going to say he was necessarily deceased at that point. He was showing signs of it, but to say he wouldn't, to say he wouldn't regain a pulse or regain breathing again, we can't decide that on the scene.

JA: What about at the end of the time? I know that I sort of asked you at the time that the arrival. What about by the time by which he was transported. Would it be fair to say that he was no longer alive at that point after 20-plus minutes of care? And I get that a doctor can be involved in pronouncing.

BE: Yeah. Technically on paper he was not breathing.

JA: And had no pulse.

BE: Had no pulse, so.

JA: And I understand that the doctor would do the official.

BE: Yeah, like yeah. We always, they always try to provide aggressive proce-, treatment for that type of age group.

JA: Okay. Further down in that same section it refers to barriers of care. It mentions the fact that he was unconscious and then it mentions obesity. Can you tell me about how those two things impacted the care that was provided on this particular date?

BE: Of course he's unconscious. I really can't think of a reason that would be a barrier of care for that. That's why we're there. Obesity, think the LUCAS device. It does manual compressions and he was on the edge of, he was too big for that in our opinions so we were doing manual CPR. But with that, he was showing a wave formula on the EKG and was showing that we had good compressions in our end title CO2 was showing a good numbers. That was showing that the compressions we were doing, things were being

circulated appropriately.

JA: Okay. There is a section, let's see here, on page two.

BE: Two.

JA: Let's see if I can find that section here. It's under the initial assessment section. It says, HEENT.

BE: Yeah.

JA: It says neck airway there's a plus sign there and then it says compromised. Does that mean that his neck and airway was compromised, and if so, how? Or is that?

BE: I can't answer for him on that.

JA: That's a Daniel question.

BE: Yeah.

JA: I forgot to ask that too.

BE: I wish I could, but.

JA: I can ask him.

BE: Yeah.

JA: He's still around, right?

BE: Yeah. Yeah, I can't.

JA: Let me just make a note.

BE: Yeah, I don't want to answer for him.

JA: Okay. But nothing you remember observing about –

BE: I walked up. I didn't see any head trauma. Nothing, yeah, so. Yep.

JA: Okay. And if I mis-spoke I apologize. I may have said head, I meant neck and airway.

Neck and airway. Let's see. We talked about the fact that he was pulseless.

BE: Yes.

JA: Did not regain a pulse while you or anyone else was on scene. Is that right?

BE: Correct.

JA: We talked about the fact that he was not pronounced on scene. Is it ever the case that you all would pronounce anyone?

BE: Yeah, we don't, we don't pronounce. We declare.

JA: Declare.

BE: Yeah. ER physicians or doctors pronounce. We, yeah, we do declare. Yeah, usually we have, we do, and there's a protocol for that. We have to stay on, we have to stay on scene a half an hour, 30 minutes, and go through our drugs and ventilate for them to see if there's a change.

JA: Okay. Any particular reason that you did not do that here and whose, whose decision is that? Is that captain's?

BE: That was mine. That was mine. Age, circumstances. Like I said, we were given the information of him in custody at a medical event, and that medical event led to him being pulseless and apneic.

JA: Did you recognize Mario Gonzalez when you were on scene?

BE: Never seen him before. Never seen him.

JA: Had heard any of your crew or anyone else at the station talk about seeing him around or having any interactions with him?

BE: I'm not sure where he lives, but somebody said they've been to a house on that street. That was at Oak. I've never seen him before.

JA: No prior interactions?

BE: No. I have not.

- JA: The report mentions in the narrative section, let's see here, one, two, three, fourth line in the narrative section.
- BE: Okay.
- JA: To the scene becoming overcrowded by standards – and I talked to Daniel about this – patient's age, quality of CO2. Transport was initiated despite continued asystole. What does that mean, despite continued asystole. Would it have been the case that you otherwise might have remained on scene or?
- BE: Well, yeah. Generally for us to declare, because we don't pronounce, we have to stay on scene a half an hour to go through the appropriate rounds of drugs before we can make that distinction, whether or not to leave him. To me that situation was that we are not going to leave him. We're going to give him.
- JA: When you say "leave" what do you mean by that?
- BE: That means when you declare somebody you're leaving them there after you're done working, you know, providing ALS treatment after half an hour we have the ability to leave them, which is that's when we declare them.
- JA: And the coroner would come.
- BE: Coroner would come, yeah. That's a better.
- JA: I was just trying to say. Okay.
- BE: Could have said that better.
- JA: Okay. That makes sense. I understand that. Okay. All right. And my understanding is that Daniel and Paul transported to the hospital.
- BE: Derek.
- JA: Derek, I'm sorry.
- BE: Paul was the driver. Paul [unintelligible 00:30:02]. Yeah, he was EMT driving the ambulance.
- JA: And on the bottom of page 2 it references the very last row references CPR compressions, continuous compressions intermittent with ventilation, ventilation valve

mask ventilation. Can you tell me what that section refers to and how it corresponds to what was actually done?

BE: So. [Unintelligible 00:30:38] Which part was that again, I'm sorry.

JA: It's right here.

BE: Oh, the bottom CPR type. Oh. So compressions were, they were continuous until we always have to before, well, generally if there's not an ALS device in there we have to stop and do our compressions. We stop and give two ventilations and then continue. So we don't, we don't do them continuously compressions and ventilate. When it's BLS/ALS there's ALS adjunct in, which is an eye gel or an ET tube, we can just keep going and ventilate the whole time as well as doing compressions. So you ventilate every, every so often and then compressions. So, like, every five seconds you'd be ventilating.

JA: Okay. Have you had an opportunity to look at any of the publicly available videos involving this particular incident?

BE: I've seen them, yeah.

JA: Okay. I want to show you, it's probably five minutes or less --

BE: Sure.

JA: . . . clip, but I don't know if it's been publicly available. Snippets, snippets probably --

BE: I've seen snippets of it, yeah.

JA: And then I just want to ask you a couple questions about your observations and anything that you want to add. When we did this before Derek found it helpful to kind of stop, you know, as we went and kind of comment. If that works for you, let me know. Otherwise we'll do the full five minutes.

BE: Okay.

JA: Let me get it queued up here. Can you see that okay?

BE: Yeah, perfect.

[video playing - unintelligible 00:32:52]

BE: Do you have any questions so far or?

JA: I can wait until, yeah, unless there's anything you want to.

BE: Okay.

JA: All right. Tell me what your thoughts are about what you observed there, anything stand out to you in terms of the process, procedures that was utilized.

BE: Seems like they recognize the fact that he wasn't breathing so they started CPR right away once they realized that and they went ahead and gave Narcan, which is supposed to reduce or reverse narcotics overdose, responses when it deals with your breathing. They gave that, I believe, twice, it looked like. Obviously, it didn't change anything, but. Those are pretty two important measures they did.

JA: Which two? The –

BE: Compressions right away. Recognizing the fact that he was pulseless. They were feeling for a carotid pulse which is the pulse in your neck; he didn't have one. So they went to compressions right way.

JA: What about the actual procedure that they were using? Did that appear normal to you? Anything out of the ordinary?

BE: It looked like, it looked like they were – he's a big guy. So it looks like they were doing – obviously I wasn't there to measure their depth of compressions, but it looked effective, yeah.

JA: Is there anything about the effectiveness of what they were doing, or the lack thereof, that would impact what you all were able to do once you were on the scene? Which is to say, if they did a good job, you know, initially, would that then allow you all to do a good job or make any particular observations in terms of breathing or airways or anything like that?

BE: I didn't see any breathing or airways that they did. I think they had the, they had the neck in a sniffing position, it almost looked like. I'm not sure if that was their intentions or just naturally fell into place that way, but it looked like that looked good.

JA: Okay. Was that a proper procedure?

BE: Yeah.

JA: Position?

BE: Yeah. I didn't seem them breathing for him so I'm not sure what their procedures are for, for that. If they have the equipment to adjuncts to assist with breathing for somebody, but we do and we did immediately when the – you see the green bag coming up there and the blue bag that's on the ground next to Tyler is we have a BVMs, bag valve masks, in there and the green bag has the supplemental oxygen that you hook up to it.

JA: Okay. Anything on your part that you have that I missed? Let me just see my notes and see if I . . . Oh, you noticed that he had handcuffs on.

BE: Hm-hmm. [affirmative]

JA: At some point the officer actually take the handcuffs on – off – would him having his handcuffs on or having his arms behind his back, I should say, in any way impact the measures that were provided either by police officers or by you all? And did they ultimately take the handcuffs for you all when you administered care? Do you remember?

BE: When they took them off? I told them to take them off.

JA: Okay. All right. I was just wondering because you have seen a lot of versions of that video.

BE: Yeah.

JA: Okay. So you told them to take them off.

BE: As you can see they rolled him over they on so just so they rolled him back. I don't know what their procedures are for that. That's not, we don't deal with that. But if we notice it we're going to have hey, can you please take those off, as we did. So I think the compressions were, like I said, on our end when we got there on our monitor we saw the proper wave form on our EKG, which shows the compressions being done. And our end title CO2 was showing good numbers that correlates with the compressions and the breathing we were doing for him.

JA: Okay. Let me ask you – I know that the County, and perhaps the City, has been having this onboard conversation about potentially sending units out to provide assistance to people in, perhaps, who have mental health issues or what have you, is that something

that you all are doing right now as a fire department, or is that on hold or?

BE: It's being talked about.

JA: Okay. But it's nothing that's in place at the moment?

BE: No, it's, no, yeah. It's got to be talked about. Get the proper people in those roles that could do that. Yeah.

JA: And it sounds like you, prior to my showing you this video, watched a bit about, or watched a bit of the publicly available video.

BE: Yeah.

JA: As an opinion, and I can preference that by saying, I'm not asking you as a medical professional – did you have a view about anything that you saw in terms of from a medical standpoint, obviously there was a point where Mario was his stomach.

BE: Yeah.

JA: What was your sense of what you saw just in the video that was publicly available from a medical standpoint given now that you know, apparently there was a cardiac event and how those might have been related. Without saying anything about the role of the officers. That's not what I'm asking about per say.

BE: Being on his stomach? He's a big guy. There's a lot weight that presses your diaphragm, aids breathing so, I mean, that's so.

JA: Okay. And does that correlate then to, you know, you mentioned that when you arrived on scene the only information that they provided was he had a medical event.

BE: Yeah.

JA: Now that you know, is it fair to say that that medical event was a cardiac event of some kind?

BE: Yeah.

JA: I think those are the only questions that I have. Is there anything else that you feel like we didn't cover or anything that would be helpful for us to know about your role or anything?

BE: Nope. You guys pretty much have everything. This tells you a lot.

JA: Yes, it does. All right. I think we are done. I think the last person I'll probably catch up with is Tyler. So we will take maybe a five-minute break.

BE: Okay. I'll let him know.

JA: You want to feel free to stop that. I can stop this as well.

[end of audio]

EXHIBIT 33

I. SUMMARY OF INTERVIEW WITH SUBJECT OFFICER ERIC MCKINLEY

A. Officer McKinley Statement

1. Officer Dispatch and Arrival

Officer Eric McKinley Badge #63 (“Officer McKinley”) has been a Patrol Officer with the APD for over three years. (EM Tr. p. 3)¹

2. Initial Interaction with Mario Gonzalez

When Officer McKinley first arrived Mario Gonzalez (Gonzalez) was facing away from him. McKinley observed Gonzalez pacing around and seemingly talking to himself. He had a comb in one hand and was trying to comb his hair even though he was wearing a hat. Next to Gonzalez were two shopping baskets on the ground next to him full of miscellaneous items. (EM Tr. p. 17.)

Officer McKinley observed two bottles in the shopping cart. One bottle was approximately a one liter bottle of clear liquor that he believed was vodka. It was open and had about two cups missing. The other was a brown liquor with a store security cap still attached to it. Gonzalez had a handful of plastic bits in one hand that McKinley believed were the broken security cap for the clear liquor bottle. The baskets said *Walgreens* on the side. McKinley thought is possible that Gonzalez had taken the bottles without paying for them because the security caps were still attached. (EM Tr. p. 21.)

Officer McKinley radioed Officer Fisher, who had been dispatched, to check with a nearby *Walgreens* about the possibility of a theft. Officer Fisher responded that someone who matched Gonzalez’s description had taken a cake from the store. (EM Tr. p. 21.) There are two *Walgreens* in Alameda and Officer McKinley thought it possible that Gonzalez had shoplifted from another *Walgreens* and brought the contents to the park. (EM. Tr. p. 21.)

Over the course of the next nine minutes (approximately), Officer McKinley attempted to engage Gonzalez in conversation. In that time, Gonzalez was having trouble connecting and finishing sentences. Gonzalez would start to complete a thought or sentence then change to an entirely different subject. (EM Tr. pp. 20.)

According to Officer McKinley there is a Crisis Response Team that serves the City of Alameda. However, according to McKinley, the Team works from about 11 am to 4 pm, and thus not yet

¹ Citation to transcripts of interviews for this investigation are designated by the initials of the officer. For example, the Eric McKinley interview is “EM Tr. ___.” Transcripts of interviews by the Alameda County Sheriff’s Department are designated by the initials of the officer and ACSD, for example “EM (ACSD) Tr. ___.”

available for a call for service. Also, McKinley determined that Gonzalez was too intoxicated to be able to interact with the crisis team staff or voluntarily elect to accept their services. (EM Tr. pp. 14-15.)

3. Decision to Arrest Mario Gonzalez

Officer McKinley estimates that Officer Fisher arrived about 7 or 8 minutes after Officer McKinley first contacted Gonzalez. Officer Fisher approached Gonzalez and began to speak with him in a low calm voice, trying to obtain information from him but Gonzalez was not responsive. Gonzalez began milling around more in the area, trying to put his hands in his pockets and was not following McKinley's directions to keep his hands out of his pockets. (EM Tr. p. 23.)

At that point, McKinley indicated to Officer Fisher that they would need to put him in handcuffs to detain him so that the officers could continue to be safe while they contacted him and finished their investigation. (EM Tr. pp. 22-23.) Based on his experience, Officer McKinley was concerned that Gonzalez may have been trying to reach for a weapon or something that could be used to hurt himself or someone else. There were bottles and glass on the ground in the park. (EM Tr. p. 23.)

Officer McKinley made a determination to place Gonzalez under arrest for PC 647(f), public intoxication, and to place Gonzalez in handcuffs. (EM Tr. p. 22.) McKinley explained the usual practices when encountering someone suspected of PC 647(f). Officers may try to find a responsible party to come and care for the person, but in this case the officers could not obtain that information from Gonzalez. Or officers may call the Fire Department to transport the person to the hospital, if the person cannot walk on their own, but Gonzalez could walk on his own. Because Alameda does not have a "drunk tank," a separate place for those publicly intoxicated, public intoxicants are transferred to Santa Rita Jail. (EM Tr. p. 25.)

Officer McKinley gave Officer Fisher a hand sign indicating they should place Gonzalez under arrest in handcuffs. Officer Fisher gave him a nod in return. (EM Tr. p. 26.)

At this point, Gonzalez had stepped up onto one of the small tree stumps in the park, maybe a foot tall. McKinley approached on Gonzalez's left, grabbing his left arm, and Fisher approached on the right and took hold of Gonzalez's wrists and arms, and attempted to bring his hands behind his back. (EM Tr. p. 27.)

4. Use of Force To Arrest

Officer McKinley tried to position Gonzalez's left hand behind his back so the officers could place him in handcuffs. Gonzalez resisted. He tried to pull his arm up and keep his arm straight. Because of Gonzalez's size and bulky clothing, it was difficult for McKinley to gain control of his wrists. Gonzalez's wrists were large and his clothes were sliding around. Gonzales was trying to grab at the center of his jacket and his waistband. McKinley was increasingly concerned that there was a weapon he was trying to reach. (EM Tr. p. 28.)

At this point, McKinley recalled that he had assisted on a prior occasion when another officer had placed Gonzalez in handcuffs and Gonzalez had resisted. (EM Tr. p. 28.)

McKinley then determined that he would not be able to handcuff Gonzalez without taking him to the ground. Gonzalez was stronger than McKinley expected and because of his size, was able to move around while still maintaining his footing. He was trying to pull away and bend over away from the officers. McKinley also was concerned that Gonzalez would pull them off the curb and cause one of the three an unnecessary injury. (EM Tr. p. 29.)

When the officers realized that they could not handcuff Gonzalez in his current position, Officer Fisher said something to the effect of take him to the ground. Officer McKinley placed his right foot in front of Gonzalez's left foot and tried to push him over. McKinley understood that Officer Fisher was trying to do the same thing on the other side. But Gonzalez was able to step over them and they had to attempt three or four times before they got him to the ground. They were all stumbling forward together. (EM Tr. p. 30.)

When Gonzalez was on the ground, Gonzalez's left arm was underneath him and McKinley had to struggle to get it out from underneath his body. Once McKinley got Gonzalez's arm out, Gonzalez kept trying to roll free. McKinley straddled him to keep Gonzalez's hips pinned to the ground so he would not be able to roll free while they attempted to place the handcuffs on him. McKinley thinks he was on top of Gonzalez for 30 or 40 seconds. As soon as he placed the handcuffs on Gonzalez, McKinley removed himself from that position. Officer Fisher had been attempting to remove Gonzalez's right arm from under his chest so they could handcuff him. (EM Tr. p. 31.)

While handcuffed, Gonzalez continued to struggle. At one point, Officer McKinley placed his right knee on Gonzalez's lower left rib cage. As soon as Officer Fisher noticed this, which was a matter of 4 or 5 seconds, he clarified to Officer McKinley, "don't put any weight on his back," and McKinley immediately removed his knee and placed it back on the ground. (EM Tr. p. 32.)

Other than this instance, Officer McKinley did not place his knee on any other part of Gonzalez's body. He did not put pressure on Gonzalez's neck or shoulders. (EM Tr. p. 33.) McKinley did not see Officer Fisher put any pressure on Gonzalez's neck, back or any part of his body, except for a few seconds when Fisher was trying to gain control of Gonzalez's right arm. (EM Tr. p. 33.)

5. Gonzalez Condition On Ground

While Gonzalez was on the ground, Officer McKinley did not believe that Gonzalez was in any type of distress. McKinley was able to kneel next to Gonzalez and look him in the face and he could see that Gonzalez was talking. Gonzalez eyes were open. Gonzalez was grunting and groaning but McKinley associated those noises with Gonzalez's efforts to roll over, to lift up the officers, to struggle. (EM Tr. p. 34.)

Officer McKinley was trained regarding the dangers of positional asphyxia, most recently in October or November of 2020. In the six months before the incident, there was a refresher which included the importance of monitoring the subject in a proper position. (EM Tr. p. 34.)

According to McKinley, he was trained that “it’s one of the requirements of an officer to monitor the potential impacts of any use of force on the subject while the force is being applied.” (EM Tr. p. 35.)

McKinley estimates that Gonzalez was on the ground for two to three minutes. When asked if he was concerned during that time about positional asphyxia or Gonzalez’s ability to breath, McKinley responded that “beyond the normal concern of our [inaudible] of that, being able to monitor that and making sure that we weren’t applying any unnecessary pressure to his back or neck, no, because I was able to observe that he was talking, breathing, [unintelligible] you know, given the circumstances of his normal state without [inaudible]. (EM Tr. p. 35.)

When asked if it was his goal or that of Officer Fisher to sit up or stand Gonzalez, McKinley responded: “Yes. We – Officer Fisher verbalized it at least twice while we had him in a prone position. He asked can we roll him on his side? And at this point, Mr. Gonzalez was still struggling just as much as he had when we first caught, uh, grabbed his arms. And Officer Leahy’s response was, I don’t want to lose what I got. I don’t want to give up the position that I have on his legs here because my understanding was that Officer Leahy was concerned that his legs would be if they were allowed to, if they were [inaudible] control.” (EM Tr. p. 36)

McKinley’s understanding of Officer Fisher’s inquiry was: “Are we in a safe enough position, do we have enough control over Mario to do that safely?” (EM Tr. p. 36.) During that time, according to McKinley, Gonzalez was still talking and breathing, whether his face was toward the ground or turned to the side toward McKinley. (EM Tr. p. 36.)

When asked if there was any time that Gonzalez needed to be in the recovery position, on his side, McKinley responded, “it’s my goal whenever have somebody in, in the prone position to, to get them to the recovery position if not sitting up or standing. However, based on Mr. Gonzalez’s continued resistance and struggle, I didn’t believe we were at a point where we had enough control to maintain that position safely. The recovery position.” (EM Tr. p. 37.)

Officer McKinley stated that he was familiar with excited delirium which was a physical state with signs and symptoms such as delirium, hyperthermia, strength, and which unaddressed can lead to major medical events and possible death. However, when McKinley initially contacted Gonzalez and up through trying to handcuff him, McKinley had no indication that excited delirium was an issue. (EM Tr. p.38.)

McKinley recalled as part of his training on excited delirium that it needed to be addressed as soon as safely possible. “And during this incident there wasn’t a point until Mr. Gonzalez was unresponsive that we had enough control of his body to safely address any other concerns.” (EM Tr. p. 38.)

McKinley's goal, after handcuffing Gonzalez, was to use the WRAP to transport him safely. But they needed another officer on the scene to get the WRAP from one of the patrol vehicles. In McKinley's experience, it takes four to five officers to apply a wrap, or more depending on the subject's resistance and strength. (EM Tr. pp. 38-39.)

6. Gonzales Becomes Unresponsive

Initially when Gonzalez was on the ground, McKinley was able to speak with him, with the goal of calming him and getting his information. McKinley asked his name and Gonzalez told him Mario. McKinley asked for birthdate, and Gonzalez said 1984, but when asked for the month, he said 1995, and McKinley realized this questioning was not going to be as productive as McKinley had hoped. At some point, Gonzalez said "I'm sorry" a couple of times. McKinley responded that Gonzalez just had too much to drink and we are trying to take care of you here. (EM Tr. pp. 53-54.)

McKinley recalled that Gonzalez began to make a groaning sound, which McKinley associated with the strain he was using to try to get up. When he heard those sounds, McKinley could feel Gonzalez's body moving in response. McKinley did not think Gonzalez was in any type of distress. If he had thought so, "if it was safe to do so, recovery position would have been our first step." (EM Tr. p. 53.)

According to Officer McKinley, he was kneeling next to Gonzalez, trying to talk to him to calm him down, "and as he was talking, he just turned his, just, his face forward and stopped talking. And so, I basically, I saw when he stopped talking and immediately responded to that situation." (EM Tr. p. 41.)

McKinley states that he did the following:

"So, I told Officer Fisher that I think he's gone nonresponsive and let's roll him to his side. So we immediately put him in the recovery position. I checked for a pulse but I noticed that he, ah, the jacket that he was wearing was zipped up and was around his neck area and wanted to make sure that wasn't a factor with him not being able to find a pulse or his loss of apparent consciousness. So, I ripped the jacket open and checked for a pulse again but I could to that. I rolled him onto his back and began chest compressions." (EM Tr. p. 42.)

McKinley performed chest compressions for about a minute and then was relieved by Officer Garrett. The officers used a can of Narcan which did not appear to have an effect. Based on McKinley's training and experience, if one can does not have an effect in a short period of time, then it is recommended to administer a second dose. McKinley had Narcan on his person and provided it to one of the officers to administer. (EM Tr. p. 42.)

McKinley was then instructed to return to the Department. (EM Tr. p. 42.)

EXHIBIT 34

I. SUMMARY OF INTERVIEW WITH SUBJECT OFFICER JAMES FISHER

A. Officer Fisher Statement.

1. Initial Interaction with Mario Gonzalez

Officer Fisher, Badge No. 49, has been with the City of Alameda Police Department since November 2001. On April 19, 2021, he was working the day shift from 7 am to 5 pm.

That morning, Officer Fisher received a call over the radio to report to 802 Oak Street as a cover unit. The stated there was a suspicious person who was possibly intoxicated, or words to that effect. The description was a Hispanic male approximately 5' 5", 250 pounds. (JF Tr. p. 9.)

On the way to the location, Officer McKinley broadcast over the radio for Fisher to check *Walgreens* for a "walkout" possible theft. (JF Tr. p. 10.) At *Walgreens*, Fisher spoke with two employees at the front of the store, one male, one female. The male employee told him that no one matching the description given by Fisher had stolen anything. Fisher broadcast over the radio, "negative for the walkout," not meaning necessarily that it did not happen. Fisher was aware that McKinley had been with Gonzalez for some time and wanted to get to him as soon as possible. (JF Tr. p. 11.)

According to Officer Fisher there is another *Walgreens*, on Webster Street, 1900 block, but not close to the park location. (JF Tr. p. 11.)

With Officer Fisher that day was Charly Clemmons, a parking technician with the Department. He was riding along with Fisher.

2. Decision to Arrest Mario Gonzalez

Officer Fisher's role was to cover Officer McKinley. As he approached, Gonzalez was leaning over, trying to put a bottle cap on a large bottle of alcohol. There were two *Walgreens* baskets on the ground, and two or three large bottles of alcohol in them. The alcohol cap did not look like a traditional cap but was black and larger. There was some alcohol missing from one bottle. (JF Tr. p. 14.)

Fisher explained that the big black bottle cap was a security cap, not a regular bottle cap, "which indicates that they most likely were not purchased, and they were taken without having the check-out clerk take the actual security cap off." (JF Tr. p. 52.)

As Officer McKinley was talking to him, Gonzalez was not making any sense, talking in a low volume and mumbling. He did not seem steady on his feet. At one point, he put his hands in his pocket and both officers asked him to take his hands out, which he did. (JF Tr. p. 14.)

Based on the amount of alcohol in the baskets and Gonzalez's conduct, Fisher concluded that Gonzalez was intoxicated. Gonzalez's speech was incoherent, he was unsteady on his feet, at

points he would lean back and brace himself against objects such as a tree, he was unable to answer simple questions, and would revert to off topic mumbling. According to Fisher: "At that point, it was clear to me that he was probably intoxicated to the point that he couldn't care for himself." Fisher concluded that he was in violation of PC 647f. (JT Tr. p. 17.) Fisher also thought there was probable cause to arrest for theft, but public intoxication was the primary reason, and he had not had time to do any further investigation on the theft. (JF Tr. p. 22.)

Fisher explained that, in cases of public intoxication, officers may decide not to take someone into custody if there is someone to take care of them or drive them home, but if there are no alternatives, "the safest solution is to take them to – take them into custody for the public intoxication and get them into a safe environment . . ." (JF Tr. p. 17.)

According to Fisher, the county has a mobile mental health crisis team, Alameda County Mobile Crisis Team, and he has used them a couple of times. However, they usually do not have anyone to send because they don't have enough people. (JF Tr. p. 21.) Also, if this had been purely a mental health crisis, Fisher would have called the Fire Department to transport Gonzalez to the hospital. (JF Tr. p. 22.)

3. Use of Force To Arrest

Officer Fisher estimates that it was about five minutes from the time of his arrival at the park and the decision to arrest Gonzalez. He estimates that Office McKinley had been there for about ten minutes before Fisher arrived. (JF Tr. p. 22.) Officer Fisher describes their interaction with Gonzalez as respectful, low key and without aggression. (JF Tr. pp. 22-23.)

Officer McKinley gave Officer Fisher the signal to handcuff Gonzalez. Fisher was able to get Gonzalez's right arm behind Gonzalez's back but Gonzalez refused to put his left arm behind his back and McKinley could not get it there. They asked him multiple times to put his arm behind his back but Gonzalez refused. That is when he began resisting with his full body. (JF Tr. p. 23.)

Fisher had his handcuffs out, but lost them when Gonzalez began twisting and resisting and then he lost his grip on Gonzalez. McKinley could not get Gonzalez's arm behind Gonzalez's back, so they decided they had to take him to the ground. They could not arrest him while standing because he was too strong. Fisher tried to do a leg sweep but it did not work, and at some point they all fell. (JF Tr. p. 24.)

After the fall, Fisher rotated his body away from Gonzalez to protect himself, and again tried to obtain control of Gonzalez's right arm, which he eventually did. (JF Tr. p. 26.) Officer McKinley was on Gonzalez's left side, attempting to get Gonzalez's left arm out from under his body. (JF Tr. p. 27.)

Officer Fisher described his physical contact with Gonzalez as follows. After the fall, Fisher was on his right side and swung his left leg over Gonzalez's lower back, with just the weight of his leg and no pressure on the back, to assist Fisher in scooting his hip to the right and get a little distance from Gonzalez. Fisher's chest was against Gonzalez's back but he had dropped to his knees and most of his weight was on his knees. (JF Tr. pp. 28-30.)

Fisher was then able to do the "360 arm sweep" and come up to his feet in a squatting position. Fisher had a point of contact with his right knee against Gonzalez's right shoulder but was bearing his body weight on the balls of his toes. Fisher dropped down to both knees and took the right knee off of Gonzalez's shoulder. He took control of Gonzalez's wrist and was resting his arm along the right side of Gonzalez's back. (JF Tr. pp 28-30.)

The two officers were able to place handcuffs on Gonzalez, but not Fisher's handcuffs which had been lost. (JF Tr. p. 32.)

Eventually Fisher's right side was pressing against Gonzalez's right side. (JF Tr. p. 33.)

4. Gonzalez Condition On Ground

At one point, after Gonzalez was on the ground, Fisher asked whether the officers should roll him over. According to Fisher, his intent was to roll Gonzalez on his side to avoid positional asphyxia – "I want to make sure that he has a clear air way and he can breath" (JF Tr. p. 30.)

Officer Leahy responded, "I don't want to lose what I've got." (JF Tr. p. 30). Based on that statement, Officer Fisher thought that "there's still some sort of active resisting, kicking, attempting to bring his knees up to his waistline and attempt to get up or something going on to where he did not feel comfortable essentially giving up his position that he had as far as controlling his legs. So, I felt that there was possibly an officer safety issue, some sort of safety issue as to the reason why he replied in that way. And I have to trust his judgment." (JF Tr. p. 31.)

Officer Fisher did not recall what he said verbatim, but it was like "Hey, are we safe to do this at this point?" He explained that it is department policy not to have someone prone for an extended period of time. "You want to get them into a recovery position, but it has to be safe to do so." (JF Tr. p. 32.)

After Gonzales was on the ground, Fisher recalls verbalizing, "No weight on his back." At that point, Officer McKinley had started to do so and Fisher immediately stopped him. Fisher put his arm out like, "No, no, no." And McKinley "backed off, and he basically just never put weight on him . . ." (JF Tr. p. 34.)

According to Officer Fisher, Department training emphasized to stay away from the spine and no weight on the back. If you have to control someone who is on the ground, any weight is on the shoulder. There was a zoom AB-392 course given by union attorney? Mike Rains in October of

2020 where he covered positional asphyxia and compression and excited delirium. (JF Tr. p. 34.)

Officer Fisher also received training on excited delirium, which he described as manifesting itself with possible use of narcotics, a high internal core temperature and superhuman strength. (JF Tr. P. 42.) Fisher concluded that Gonzalez was under the influence of alcohol and did not see any sign that he also was under the influence of narcotics. He also did not see any signs of excited delirium. (JF Tr. p. 43.)

At that point Officer Fisher had not observed that Gonzalez was in any distress, “because it seemed like the whole time, he was talking.” (JF Tr. p. 32.) Officer Fisher had been asking Gonzalez “Can you please stop fighting us.” (JF Tr. p. 33.)

5. Gonzales Becomes Unresponsive

According to Officer Fisher, during the time he was on the ground, Gonzalez was moving around a lot, sometimes on his left side, sometimes on his right side, and one would need to review the video to determine how long Gonzalez was in a flat or prone position. For the approximate five minutes he was on the ground, Gonzalez was not completely flat or prone. (JF Tr. pp. 37-38.)

Officer Fisher responded “no” when asked if he had any reason to believe that Gonzalez was in distress or had problems with his breathing. He stated: “No. It just sounded like he kept – he was just moving. His body was moving. And then, usually, when you’re moving, you’re not trying to talk, but nothing, no.” (JF Tr. p. 38.)

It felt to Fisher as if Gonzalez was moving the whole time. At one point he heard Officer McKinley ask Gonzalez his name or date of birth, and Gonzalez said “Mario” and gave his last name, and possibly a birth date. (JF Tr. p. 40.)

There was some conversation among the officers about, “Should we keep him in the prone position until we get the WRAP here?” or someone asked for the WRAP. A person needs to be in the prone position to deploy the WRAP. Fisher said that he would need to review the video, but recalls that somebody said, “Yes, till the WRAP gets here,” which should have been very fast. Fisher thinks it was Officer McKinley who asked for the WRAP. Sergeant Murak came running over and McKinley asked her to get the WRAP out of a vehicle. Officer Fisher believed the WRAP was appropriate based on Gonzalez’s level of resistance and his strength. (JF. Tr. p. 39.)

According to Fisher, the WRAP is deployed very fast, and once you get the leg strap on and the shoulder harness over the shoulders, you immediately put the person in a seated position. “So, it happens very fast. And I would say that process could be done within 10 to 15 seconds.” (JF Tr. p. 42.)

Officer Fisher described the point at which Gonzalez became unresponsive as follows:

“I wasn’t observing when he became unresponsive, so I wasn’t like physically watching his face or his breathing. I think I had divided attention, and I was looking elsewhere, at other people on the scene, but it seemed immediately, Officer McKinley looked—Well, Officer McKinley had to have been observing because immediately, once he – It felt like he stopped and – How can I explain this? It was almost instantaneous from the time he said, “I think he went unconscious,’ or, ‘He’s unconscious,’ to it was instantaneously, boom, roll, assess. And then we started lifesaving measures. It was very fast.” (JF Tr. p. 38.)

Officer McKinley checked for a pulse and Officer Fisher doublechecked. When Officer Fisher did not feel a pulse, he “tried to establish an airway by chin to head chin lift, and then stabilizing the neck, and Officer McKinley immediately started CPR. Officer Fisher kept the airway open, while other officers administered CPR, until the Fire Department arrived and took over. (JF Tr. pp. 38-39.)

The officers removed the handcuffs after Officer McKinley did a round of CPR. (JF Tr. pp. 40-41.)

Fisher was directed to sit in the back of the traffic truck and then was transported to the station. (JF Tr. p. 41.)

EXHIBIT 35

I. SUMMARY OF INTERVIEW WITH SUBJECT OFFICER CAMERON LEAHY

A. Officer Leahy Statement

1. Initial Interaction with Mario Gonzalez

Officer Leahy was not present during the initial contact with Gonzalez.

2. Decision to Arrest Mario Gonzalez

Officer Leahy was not present for the decision to arrest Gonzalez.

3. Use of Force To Arrest

Officer Cameron Leahy is a patrol officer and has been employed by the APD as an officer since February 2018. On April 19, 2020, he was assigned to sector 5. (CL Tr. p. 4.)

Leahy began his shift at 7 am. That morning he assisted as a cover unit to a 5150 call on Westline, for which Officer Koutsoubos was the primary officer. Officer Koutsoubos ended up placing the subject in a mental health hold, because, according to witnesses, she was intoxicated, attempted to throw herself in front of moving vehicles and was physically combative with the paramedics who were first on the scene. (CL Tr. p. 12.) The incident was stressful for Officer Leahy, but ultimately the incident was resolved with physical holds but not any use of force. (CL Tr. p. 13.)

Leahy was on his way back to the station when he became aware that Officers McKinley and Fisher had been dispatched to the call regarding Gonzalez based on his vehicle computer terminal. He heard that Officer McKinley had asked Officer Fisher to stop at *Walgreens* and check if there had been a theft. He heard the description of an individual as 5'5", 250 pounds. (CL Tr. p. 9.)

Officer Leahy decided to drive by the location on his way back to the station. He heard Officer Fisher's report from *Walgreens* that there was no reported theft and then heard Officer Fisher asking for another unit. Officer Koutsoubos was dispatched to provide extra cover. Leahy continued with his plan to head over on the way back to the station. (CL Tr. p. 11.)

While in route, Leahy noticed that a radio mic was cued, meaning that the button to transmit was clicked but no radio traffic transmitted. He then heard the dispatcher attempt to reach Officer Fisher on the radio and Fisher did not respond. Leahy made the decision to respond to the scene; at that same time, communications notified him to respond. (CL Tr. p. 14.)

When Leahy arrived, Officers Fisher and McKinley and Charles Clemmons were physically controlling Gonzalez on the ground between the driveway of 802 Oak Street and the house just north of it. He observed Gonzalez face down, Officer McKinley on his left side controlling the upper body area, Officer Fisher doing the same on the right, and Clemmons controlling

Gonzalez's legs with chest contact to the back of Gonzalez's knees. He also observed the *Walgreens* baskets with the liquor containers, one open and partially consumed. (CL Tr. p. 15.)

Leahy also observed an officer's name tag that had been ripped from the uniform, Fisher's camera dislodged from his shoulder, an officer's patrol cap on the ground, and a cell phone and keys on the ground. He concluded that the officers were attempting to take Gonzalez into custody or physically detain him and that he was resisting. He also observed that Gonzalez was in handcuffs. (CL Tr. p. 17.)

4. Gonzalez Condition On Ground

When entered the area, Officer Leahy concluded that Gonzalez was resisting arrest, but did not see anything that led him to believe that Gonzalez was in distress. (CL Tr. p. 19.)

Officer Leahy relieved Charly Clemmons from his position on Gonzalez's legs. At that time, he began to smell an odor of alcohol coming from Gonzalez. (CL Tr. p. 20.)

Based on all the circumstances, Leahy concluded that there were possible violation of Penal Code sections 484, 148 and 243. (CL Tr. pp. 19-20.) Penal Code 647 is public intoxication, Penal Code 484 is petty theft, and Penal Code 148 is resisting, obstructing or delaying a police officer in the course of their duties, Penal Code 243(b) is battery upon a police officer. (CL Tr. p. 30.)

When Officer Leahy took control from Clemmons, his goal was to control Gonzalez from the hip down to be sure Gonzalez could not strike Officers Leahy, McKinley or Fisher. Leahy did not want Gonzalez to be able to buck up at the hips because that is a way to break free. Leahy had both hands on Gonzalez's left leg, one below the knee and one above the knee, and had his shins on Gonzalez's other leg. (CL Tr. p 21.)

Officer Leahy wanted to get Gonzalez's ankles crossed, making it easier to control him, which was also the position for applying the WRAP. Leahy was able, over a length of time, to get Gonzalez's legs in that position, but "never gained full control, never gained full control of his lower, lower body." But "at no point was I putting 100% of my body weight on Mr. Gonzalez's legs." Rather, he was supporting the majority of his weight on the balls of his feet. (CL Tr. pp 21-22.)

At one point, Officer Fisher asked, "Can you put him in a figure 4?" A figure 4 is a control technique that immobilizes someone from the hip down. It involves "bending both of the knees and trapping one ankle . . . behind the knee of the other leg . . . and the subject can't push back on you." "Because of "the amount of strength and resistance that Mr. Gonzalez was exhibiting," Leahy did not feel confident that he could safely apply this technique. (CL Tr. p. 24.)

Leahy responded to Fisher, "I don't want to lose what I've got." Leahy was concerned that if he lost control of Gonzalez's legs, that would require a higher level of force, such as use of a baton or the taser. (CL Tr. pp. 23-24.)

Subsequently, Officer Fisher said, "Do you think we can roll him on his side?" When Fisher asked the first question, Leahy did not have control of Gonzalez's ankles, but when Fisher asked this second question, Leahy did, and "we were perfectly set up at that point to begin applying the WRAP restraint device..." (CL Tr. p. 25.)

Leahy responded to Fisher, "I don't want to lose what I've got." Leahy described his thinking as follows:

"A, My line of thought remained the same in terms of, if I could lose whatever control I have here, I'm going to have to do – I'm going to have to use a higher level of force to regain it, and I didn't want to do that. The second part of that thought process was I could hear the sirens, because at that point I had already called for another unit to respond to the code 3. I could hear the sirens coming, and they weren't that far away, so I knew that a unit with a WRAP wasn't that far away either, and at that point with his face down, three of us positioned exactly where we needed to be positioned to apply the WRAP, and the ankles having already been crossed, the only next step was to begin applying the WRAP, and particularly, the first step of the wrap is to apply the ankle strap that keeps those ankles crossed and tied together."

Officer Leahy explained that: "We're all aware of the concerns of having people in a prone position, particularly for, you know, an extended period of time, and so my interpretation of Officer Fisher's question was, 'Hey, it's just a safer position to have him on his side.'" (CL Tr. p. 27.)

Leahy recalls Officer Fisher stating something like, "no pressure on the back." Leahy thought Fisher was confirming that there was no pressure being placed on Gonzalez's back not directing another officer not to do so. (CL Tr. pp. 46-47.) He recalls that Officer McKinley briefly misunderstood Officer Fisher and briefly brought one knee on the side of Gonzalez's body, but Officer Fisher quickly added, "No, no ... no pressure ..." (CL Tr. p. 46.) According to Leahy, officers are specifically trained not to place pressure on the head, neck or spine. The only appropriate action is to place a knee on the shoulder blade. (CL Tr. p. 48.)

Leahy recalls that Officer McKinley did not exhibit any anger towards Gonzalez and but was "genuinely pleading" with Gonzalez to stop resisting. (CL Tr. p. 52.)

At that time, Leahy did not see any indication that Gonzalez was in distress. He observed that Officer McKinley was still communicating with Gonzalez, asking Gonzalez his birthday and potentially his last name, despite Gonzalez's statements in return not being the most coherent, and Leahy did not hear Gonzalez say any "red flag" triggers that would have indicated distress, such as I can't breathe. (CL. Tr. p. 27.) Leahy heard Gonzalez making "certain noises" but to

Leahy, “they were directly correlated with the physical exertion he was displaying, so every time he would, you know, try to buck upwards at the hips or bend at the knees or rock his body side to side and break free of our control, he was making certain noises ...” (CL Tr. pp. 28-29.)

Officer Leahy stated that he has been trained on positional asphyxia, citing to the power point training on use of force from October 2020. He stated that during this entire incident, he was aware of the concern of keeping someone in a prone position for a prolonged time. He says that the time Gonzalez was in a prone position while Leahy was on the scene was relatively short, close to two minutes, it took time to get Gonzalez under control, and the minute Gonzalez stopped resisting, the officers began rendering aid. Leahy said there is still a real risk even after someone is handcuffed. (CL Tr. pp. 31-33.)

Leahy said he also is aware of the risks of excited delirium and the need to obtain medical attention as soon as possible. He was frustrated and worries about how long it took paramedics to arrive to provide aid, especially with how close the fire station is in proximity to the incident. (CL Tr. p. 33.)

Leahy was concerned that Gonzalez may have been intoxicated beyond just alcohol, and may have been experiencing excited delirium. This was based on this “superhuman, unnatural strength” exhibited by Gonzalez. (CL Tr. p. 37.) Leahy also considered whether Gonzalez was experiencing a mental health crisis. (CL Tr. pp. 38-39.) There was not one clear indication during the incident and Leahy was considering all of these possibilities. (CL Tr. pp. 38-39.)

5. Gonzales Becomes Unresponsive

Officer Leahy asked Sergeant Mrak, who had arrived on the scene, to retrieve the WRAP. To deploy the WRAP, you start with the ankle strap, then the leg restraint, then you roll them into a seated upright position and apply the torso portion. (CL Tr. p. 54.) Three people control the subject and a fourth prepares the WRAP. (CL Tr. p. 55.) Soon after he took over from Clemmons, Leahy heard Fisher ask Clemmons, could he get the WRAP, but Leahy does not know if Clemmons heard. (CL Tr. p. 57.)

Sergeant Mrak went to retrieve the WRAP. During this time, Gonzalez was “still attempting to push me off, roll me off, bend at the knees, buck upwards at the hips.” It was when Sergeant Mrak was walking back that Leahy noticed and Gonzalez had stopped talking and stopped providing resistance below the waist. Leahy asked, do we have a pulse or is he breathing, and stepped off of Gonzalez’s legs. Almost simultaneously, the other officers backed off, rolled Gonzalez on his side, and McKinley ripped off Gonzalez’s jacket. (CL Tr. p. 57.)

Officer McKinley began CPR and Fisher tilted Gonzalez’s head to be sure there was no obstruction in the airway. Officer Guerra provided Narcan and Leahy administered it. There

was no change, so Leahy administered a second dose from a can provided by Officer McKinley. Leahy then took over the chest compressions. Officer Koutsoubos relieved him until the Fire Department arrived. (CL Tr. p. 58.)

The Fire Department arrived, but it seemed to Leahy like a “significant amount of time from when they arrived to them getting out of the engine, grabbing the medical kit and walking over.” Leahy felt there was no sense of urgency. Officer Weiss had run over and helped them carry their medical equipment because at the time only one paramedic had gotten out of the engine. Leahy told the paramedic that they already had administered two doses of Narcan. (CL Tr. pp. 58-59.)

Sergeant then tasked Leahy with doing a neighborhood check and that was the end of Leahy’s involvement in the lifesaving efforts. (CL Tr. p. 59.)

EXHIBIT 36

I. SUMMARY OF INTERVIEW WITH SUBJECT TECHNICIAN CHARLY CLEMMONS

A. Charles Clemmons Statement

1. Initial Interaction with Mario Gonzalez

Charles or “Charly” Clemmons, badge no. 500, works part time for the City of Alameda Police Department as a Parking Technician. He has worked in that position for eight years. He previously worked for ten years in the City Jail, with responsibility for administrative work, taking care of prisoners and delivering them to court, among other tasks. (CC Tr. pp. 4-5.)

For his position at the City Jail, Clemmons received defensive tactics and other training. (CC Tr. p. 6.)

Clemmons often has coffee in the morning with APD officers. (CC Tr. pp 7-8.) On April 19, 2021, Clemmons met Officer Fisher for coffee. But before they could get coffee, Officer Fisher told Clemmons that he had a call. Clemmons rode along on the call. (CC Tr. p. 9.)

While in the car, Clemmons heard a call from Officer McKinley about a PC 647(f) violation. On the way to the call, Officer McKinley asked Officer Fisher to go by the *Walgreens* to see if anything had been taken that morning. Clemmons waited in the car. Officer Fisher came out and said there was no report of a theft. (CC Tr. pp. 9-10.)

2. Decision to Arrest Mario Gonzalez

When they arrived at the scene, Clemmons remained in the car. He was about 40 or 50 feet from the interaction between Gonzalez and the officers. His window was rolled down. He saw Gonzalez sitting on one of the stumps, then moving around, then “uttering stuff,” generally acting like an “ornery drunk.” (CC Tr. pp 12-13.)

3. Use of Force to Arrest

Clemmons observed the officers attempting to handcuff Gonzalez, Gonzalez resisting by backing away, the officers having difficulty due to Gonzalez’s size, and the three then falling to the ground. At that point, Clemmons exited the vehicle to assist. (CC Tr. p 14.)

The two officers were on the ground with Gonzalez trying to control him. Officer McKinley asked Clemmons “can you get his legs.” Clemmons laid across Gonzalez’s legs. (CC Tr. p. 15.)

Clemmons saw the officers’ knees on the ground, not on Gonzalez’s body. Clemmons used the area from his neck to his legs to lay on Gonzalez’s legs. Gonzalez was not yet handcuffed. Clemmons looked back once and heard Officer Fisher say, “he’s lifting me.” (Clemmons Tr. p 17.)

The officers were speaking to Mario, saying "Mario, just relax," "Mario, Mario, please please, relax, Mario." Officer McKinley asked Gonzalez, "Hey Mario, when's your birthday" and Gonzalez responded. (Clemmons Tr. pp. 18-19.)

4. Gonzalez Condition On Ground

Clemmons body was facing the opposite direction from Gonzalez's head. (Clemmons Tr. p. 18).

Clemmons never heard any noises to suggest that Gonzalez was having trouble breathing. He did not hear any of the officers having any conversation that suggested to him that they heard Gonzalez having difficulty breathing. (Clemmons Tr. p. 18).

Clemmons heard sirens and he knew additional officers were coming. Officer Leahy arrived and said, "Charly, Charly, I'll get his leg." Clemmons responded, "Okay" and walked back to the car. (Clemmons Tr. p. 19).

When he walked away, Clemmons saw that Officers McKinley and Fisher were on Gonzalez's sides, their knees on the ground; McKinley may have had one knee and one foot on the ground. (Clemmons Tr. p. 20.)

5. Gonzales Becomes Unresponsive

When he returned to the car, Clemmons could hear officers yelling "Mario." As he looked back, he heard them saying, "Roll him over, do this." And they started CPR. He thinks Gonzalez had handcuffs on at the time. (Clemmons Tr. p. 23.)

Although he has not received any specific direction, generally Clemmons generally does not assist officers in the performance of their duties. In the eight years he has been a civilian, he has not been involved in assisting officers. (CC Tr. p. 24.)

EXHIBIT 37

NON-SUBJECT INTERVIEW SUMMARIES

Sergeant Emilia Mrak

This interview was conducted on June 14, 2021.

Sergeant Emilia Mrak is a patrol supervisor at the Alameda Police Department. She has held that role for 13 months and has been with the Department for 19 years. Prior to working for the Alameda Police Department, Sergeant Mrak worked as an assistant investigator with the San Francisco District Attorney's Office.

On April 19, 2021, at or around 11:00 am, Sergeant Mrak was working at the Alameda Police Station. Soon after, Sergeant Mrak responded to the area of 800 Oak Street after hearing an officer request for assistance over the radio. When Sergeant Mrak arrived on scene she heard an officer requesting a WRAP restraint device. She retrieved the WRAP, at which point Officer Wise arrived and took the WRAP to the officers detaining the suspect, Mario Gonzalez. When Sergeant Mrak first observed Mr. Gonzalez, he was in the prone position on his stomach. Officer Fisher and Officer McKinley were controlling Mr. Gonzalez's upper body and Officer Leahy was controlling his feet. Officer McKinley and Officer Fisher looked like they had been in a struggle. Sergeant Mrak does not recall seeing an ongoing struggle. Sergeant Mrak reports, that there are times it is appropriate to keep a detained person in the prone position to keep them from hurting themselves or the officers while they get the WRAP ready. Before the officers were able to use the WRAP, Officer McKinley said that Mr. Gonzalez was no longer responsive, and they immediately began life-saving measures until Alameda Fire Department arrived and took over. Sergeant Mrak did not recognize Mr. Gonzalez and had never been out on any calls for service with him.

Sergeant Mrak reports that all officers are trained on how to use the WRAP restraint device. All officers are trained in CPR. Based on Sergeant Mrak's training and experience, the life-saving measures administered by the officers were in compliance with their training.

After Alameda Fire Department took over life-saving measures, Sergeant Mrak spoke with Officer McKinley, the primary officer assigned to the call, regarding what had happened before her arrival. Sergeant Mrak turned off her bodycam before she spoke to Officer McKinley. Sergeant Mrak reports that turning off her bodycam in that situation is in accordance with policy. After that conversation, she did not turn her camera back on because she was dealing with operational matters. Sergeant Mrak then relayed the information she received from Officer McKinley to Lieutenant Crossley, who arrived on scene a short time later. After speaking with Lieutenant Crossley, Sergeant Mrak began managing the scene and coordinating staff. Sergeant Mrak directed Sergeant Peterson to transport the involved officers back to the station and sequester them with a peer for support. Officer Mrak directed Officer Guerra to go with Mr. Gonzalez to the hospital. The intent of that directive was to monitor Mr. Gonzalez's condition and gather identifying information. At the time of the interview, Sergeant Mrak had not viewed any of the video footage of the incident.

Prior to April 19, 2021, Sergeant Mrak and the officers she oversees had conversations during line-ups, which are team meetings at the start of each shift, discussing recent newsworthy video of officer involved incidents, including the in-custody death of George Floyd. Officered are also trained in CPR, the dangers of positional asphyxia, and excited delirium.

Sergeant Mrak reports that it is at the officer's discretion what course of action to take with a person suspected of public intoxication in violation of penal code section 647f. If the suspect meets the criteria for 647f, they can arrest them. If the suspect is willing, the officer can take them to a facility in San Leandro

to sober up. If the suspect is unable to walk and in bad shape, then requesting medical assistance is the most appropriate option. There is also a county service that officers can request that will respond to situations where a suspect may be having a mental health episode. That service is only available during limited hours and was not yet operating the morning of Monday, April 19, 2021.

Sergeant Mrak is unaware of any use of force issues or discipline associated with the involved officers. In Sergeant Mrak's experience, Officer McKinley, Officer Fisher, and Officer Leahy are knowledgeable and thorough officers who always want to do things for the right reasons. Officer Wise, who played a significant role in administering life-saving measures, is a defensive tactics instructor and often will take the lead in those situations. When asked, from a training or policy perspective, if anything could be done differently that might have altered the outcome in this situation, Sergeant Mrak opined that the department should continue to move away from dispatching officers when calls come into to the police that do not report criminal activity.

Sergeant Frank Petersen

This interview was conducted on June 14, 2021.

Frank Petersen is an acting Sergeant for the Alameda Police Department. He is in charge of the traffic division. Sergeant Petersen has been with the Department for 13 years. He oversees two sworn officers, Officer Josh Ramirez and Officer Russel Wise, an abandoned vehicle technician, and tow parking technicians. Charles Clemmons is one of the parking technicians Sergeant Petersen oversees.

On April 19, 2021, Sergeant Petersen was fielding a complaint over the phone at his desk. While on the phone, he heard radio traffic that indicated to him there was a serious medical issue at the scene. Sergeant Petersen ended the phone call and responded to the scene of the medical issue. Upon arriving at the scene, Sergeant Petersen observed several police vehicles and police tape being put across the street. Sergeant Petersen then observed an officer administering CPR on somebody. He did not recognize the officer performing CPR or the person receiving CPR, who was Mario Gonzalez. Sergeant Petersen assisted in securing the scene and then transported Officer Fisher, Officer McKinley, Officer Leahy, and Technician Clemmons to the police station. While transporting these individuals, Sergeant Petersen did not talk to them about what had transpired that morning. After transporting them to the station, Sergeant Petersen was sequestered with Officer Leahy. Sergeant Petersen remained with Officer Leahy from the time he arrived at the station until he left the station. He has not had any conversations with those four individuals since April 19, 2021.

Officer Russel Wise

This interview was conducted on June 14, 2021.

Officer Russel Wise has worked for the Alameda Police Department for over 19 years. Prior to joining the Department, Officer Wise worked for the Alameda County Sheriff's Office for a little less than two years. At the time of this interview, Officer Wise was assigned to the motorist division. Prior to that, he was the field training officer administrator and a senior field training officer. Officer Wise is also a use of force instructor.

On April 19, 2021, Officer Wise was at the police department training three new officers. At approximately 11:00 am, Officer Wise heard Officer Leahy request for Code 3 cover over the radio. Officer Wise responded to the scene. Upon arriving on scene, Officer Wise observed Sergeant Mrak running up to a patrol car to retrieve a WRAP restraint device. Sergeant Mrak handed the WRAP device to Officer Wise.

Next, Officer Wise observed Mario Gonzalez on the ground. Officer Leahy was at his feet. Officer McKinley and Officer Fisher were by his upper torso. Before the officers could apply the WRAP restraint device, they became aware that Mr. Gonzalez had lost consciousness. Officers could not locate a pulse and observed that Mr. Gonzalez was not breathing. At that point, Officer Wise directed the officers to roll Mr. Gonzalez onto his back and start CPR. As the officers began CPR, Officer Wise requested over the radio for Alameda Fire Department to respond to the scene. Officer Wise asked Sergeant Mrak if she had an AED with her, which she did not. At that point Officer Leahy asked Officer Wise if they should administer Narcan, and Officer Wise responded affirmatively. Two doses of Narcan were administered. Shortly after, Alameda Fire Department arrived and took over life-saving measures.

After Alameda Fire Department took over life-saving measures, Officer Wise assisted in putting tape around the scene, started the crime scene log, and spoke with the reporting parties. In Officer Wise's supplemental report, he observed that Mr. Gonzalez's condition was consistent with excited delirium. Officer Wise believes what he later observed in the publicly available video is also consistent with excited delirium.

Officer Wise is a use of force instructor at the Alameda Police Department. During training, officers are instructed regarding the dangers of positional asphyxiation and how to use the WRAP restraint device. It takes four officers to deploy the WRAP restraint device, two on either side of the suspect, one at the legs, and a fourth officer to retrieve the WRAP device. Officers are also instructed in de-escalation techniques. When the law changes regarding use of force, officers are immediately notified. Officers are trained to get people that are in custody to an upright seated position as quickly as possible after they are restrained.

After viewing the publicly available video recording of the incident, Officer Wise believes, based on his training and expertise, that the officers who detained Mr. Gonzalez used the least intrusive or the minimal amount of force necessary to take Mr. Gonzalez into custody. Officer Wise believes Officer McKinley, Officer Fisher, and Officer Leahy's conduct was in-line with their training and that the tactics they used were appropriate. Officer Wise did not see any violations of policy in the video he observed, particularly in regard to Policy 300 and Officer Fisher's knee placement on Mr. Gonzalez's shoulder blade.

Officer George Koutsoubos

This interview was conducted on June 14, 2021

Officer George Koutsoubos has been with the Alameda Police Department for over eight years. Prior to working for Alameda Police Department, Officer Koutsoubos worked for the Contra Costa County Sheriff's Office and the Mariposa County Sheriff's Office. Officer Koutsoubos is assigned to the patrol division and is a field training officer.

Officer Koutsoubos was on duty and working on April 19, 2021. At approximately 11:00 am, he received a call requesting his response to Officer McKinley who was on a 9-12, report of a suspicious person. While in route, Officer Koutsoubos heard over the radio what sounded like a struggle. He then heard Officer Fisher ask for another unit and Officer Leahy ask for code-3 cover. At that point, Officer Koutsoubos activated his lightbar and sirens. When Officer Koutsoubos arrived on the scene, life-saving measures, including CPR, were being administered to Mario Gonzalez. Officer Koutsoubos assisted with chest compressions until Alameda Fire Department arrived and took over life-saving measures. After Alameda Fire Department took over life-saving measures, Officer Koutsoubos documented the scene. Later that afternoon, he interviewed one of the reporting parties.

Officer Koutsoubos reports having had three interactions with Mr. Gonzalez prior to April 19, 2021. Two of those interactions resulted in Mr. Gonzalez's arrest and the other in an open container citation. During these interactions, Mr. Gonzalez was never violent or aggressive towards Officer Koutsoubos.

Officer Francisco Guerra

This interview was conducted on June 14, 2021.

Officer Francisco Guerra is a patrol officer with the Alameda Police Department. Officer Guerra joined the Department in July of 2018.

On April 19, 2021, Officer Guerra was on duty working patrol. At approximately 11:00 am, Officer Guerra was at the police station completing paperwork. Over the radio, he heard someone calling for another unit and noticed a lack of response from officers who were being raised on the radio. Officer Guerra was concerned by the lack of response and went to his patrol car to access the call logs. After reviewing the call logs, Officer Guerra responded to the scene to see if they needed help. Upon arrival at the scene, Officer Guerra observed Mario Gonzalez laying down and an officer trying to wake him up. Officer Guerra was informed that this was a medical emergency and assisted in unzipping Mr. Gonzalez's sweatshirt in case it was obstructing his ability to breath. After retrieving a first aid kit, Officer Guerra helped administer CPR by providing chest compressions. At one point, Officer Guerra moved Mr. Gonzalez's tongue to clear his airway. Officer Guerra and other officers on the scene heard air come out of Mr. Gonzalez's mouth and moved him into the recovery position on his side. When Mr. Gonzalez's condition did not change the officers resumed administering CPR. At that time, Officer Guerra observed officers administer two doses of Narcan. The Narcan had no effect on Mr. Gonzalez's condition. The officers on scene alternated administering chest compressions until Alameda Fire Department paramedics arrived.

After paramedics arrived, Officer Guerra assisted with a neighborhood check. Officer Guerra took a statement from one of the reporting parties. The reporting party observed Mr. Gonzalez banging bottles of alcohol against wood objects in the park adjacent to the scene. The reporting party observed the responding officers contact Mr. Gonzalez, attempt to arrest him, and the resulting struggle.

After taking the reporting party's statement, Officer Guerra was told to follow the paramedics to the hospital. At that time, the paramedics asked if officers could remove the handcuffs from Mr. Gonzalez. Officer Guerra and another officer removed the handcuffs. Officer Guerra then went to the hospital and remained outside the room where doctors were treating Mr. Gonzalez. At 11:45 am a doctor informed Officer Guerra that Mr. Gonzales had been pronounced dead. Officer Guerra called the Alameda County Coroner. Officer Guerra was instructed by a supervisor to photograph Mr. Gonzalez's body. Officer Guerra photographed Mr. Gonzales and remained at the hospital until the coroners arrived.

Daniel Martin

This interview was conducted on May 24, 2021.

Daniel Martin works for the Alameda City Fire Department as a firefighter/paramedic. At the time of the interview, Mr. Martin had worked for the Alameda Fire Department for a year and a half and had completed all the training necessary to hold that position.

On April 19, 2021, at approximately 11:00 am, Mr. Martin was at a training in District 4. He was out of service for the training but left his radio on. He received a call from dispatch reporting the cardiac arrest of a male in his 20s or 30s. The training captain decided that Mr. Martin should go back into service and respond to the call.

When Mr. Martin arrived on the scene, an Alameda City Fire Department truck company had taken over life-saving measures from the Alameda Police Department. They had attached EKG pads to the patient, Mario Gonzalez, to monitor his cardiac rhythm and were administering CPR. Initially, Mr. Gonzalez's cardiac rhythm was PEA, pulseless electrical activity, and he was not breathing.

Mr. Martin recognized Mr. Gonzalez from previous transports. Mr. Martin estimates he had transported Mr. Gonzalez to the hospital two or three times previously. Mr. Martin reports that previous transports of Mr. Gonzalez occurred without incident.

Mr. Martin asked the Fire Department personnel on the scene if the police had provided any information about what could have potentially led to Mr. Gonzalez's cardiac arrest. They were told that Mr. Gonzalez had a medical event while in custody and was now in cardiac arrest. After identifying Mr. Gonzalez's cardiac rhythm as non-shockable, Mr. Martin and the other Fire Department personnel continued to follow Alameda County protocol for asystole and PEA cardiac rhythms for approximately thirteen to fourteen minutes. During that time, they administered one round of epinephrine, placed an advanced airway, and checked Mr. Gonzalez's CO₂ readings with an end-tidal CO₂. Mr. Gonzalez had a very good CO₂ reading despite his asystole cardiac rhythm. Mr. Davis reports that a high CO₂ reading despite being in asystole means Mr. Gonzalez had been receiving high quality CPR from the time his heart stopped to the moment the reading was taken.

After Mr. Martin had been on the scene administering life-saving measures for thirteen minutes, he decided to transport Mr. Gonzalez to Alameda Hospital, the closest medical facility, so Mr. Gonzalez could receive a higher level of care. Throughout the time Mr. Gonzalez was being transported, Mr. Martin continued to administer CPR and epinephrine according to protocols. The transport to Alameda Hospital took approximately two minutes. Throughout the time Mr. Martin was administering life-saving measures to Mr. Gonzalez, Mr. Gonzalez's condition did not change. Mr. Martin reports that if they had decided to continue administering CPR protocol on scene for thirty minutes and Mr. Gonzalez's condition did not change, he could have pronounced Mr. Gonzalez dead at the scene. Mr. Martin made the decision to transport Mr. Gonzalez to the hospital based on the location of the scene, the overcrowding of bystanders, the age of Mr. Gonzalez, and quality end-tidal CO₂ readings.

After viewing a video of Alameda Police Officers administering CPR to Mr. Gonzalez, Mr. Martin observed that the officers checked for a pulse and started administering chest compressions the moment they realized Mr. Gonzalez was unresponsive. Based on his observations of the officers' reactions, Mr. Martin, observed that it may have appeared to the officers that Mr. Gonzalez started breathing while they administered CPR. Mr. Martin believes the officers may have observed an agonal breath, which is an abnormal breathing pattern stimulated by the administration of CPR that does not mean the patient is breathing on his own or regained cardiac rhythm. In Mr. Martin's opinion, the officers performed very high-quality chest compressions. His assessment was based on the effort put into the compressions, the continuous nature of the compressions, and the end-tidal readings measured while Alameda Fire Department administered CPR. Based on the same assessment and the observed position of Mr. Gonzalez's arms, Mr. Martin does not believe that Mr. Gonzalez remaining handcuffed while the officers administered chest compressions impacted the officers' ability to administer CPR effectively.

Tyler Headrick

Tyler Headrick is a firefighter/EMT for the City of Alameda Fire Department. Mr. Headrick has twelve years of experience working as an EMT. He has worked for the City of Alameda for seven years. Prior to

working for the City of Alameda, Mr. Henricks worked as a firefighter/EMT for Keyes Fire Department and ProTransport Ambulance.

On April 19, 2021, Mr. Headrick was on duty at Station One. At 11:03 am, a call came into the fire station requesting dispatch to a patient in cardiac arrest. Dispatch reported that CPR was already in progress. When Mr. Headrick arrived on scene, he was met by an Alameda Police Officer who informed Mr. Headrick that they were providing life-saving measures to an unresponsive male who they believe was intoxicated. That person was Mario Gonzalez. The officer informed Mr. Headrick that they had administered two rounds of Narcan. Mr. Headrick observed an officer administering CPR. Mr. Headrick confirmed that the patient was pulseless, and then, continued CPR.

It was Mr. Headrick's assessment at the time that CPR was being effectively administered before his arrival. Mr. Headrick based this assessment on visually observing the depth of the chest compressions, feeling the absence of resistance from cartilage in the chest when he took over administering chest compressions, and CO2 readings from the capnography end-tidal. After viewing video of the incident during this interview, Mr. Headrick repeated that he believed the officers administered effective CPR and that the officers had quickly recognized that Mr. Gonzalez was pulseless.

Mr. Headrick estimates that he performed chest compressions for ten to fifteen minutes. While Mr. Hendrick performed chest compressions, Derek Dutra, another member of the Alameda Fire Department, established an airway, IV access, and applied EKG pads to monitor Mr. Gonzalez's cardiac rhythm. Mr. Gonzalez was not breathing, and his cardiac rhythm was asystole, which is non-shockable. Because Mr. Gonzalez was non-shockable, Fire Department personnel continued CPR and began to administer medication, including epinephrine. Despite continued asystole, transport to the hospital was initiated to get Mr. Gonzalez to a higher level of care. From the time Mr. Headrick arrived on scene until Mr. Gonzalez was transported to the hospital, Mr. Headrick did not observe a change in Mr. Gonzalez's condition. Mr. Headrick found the lack of any response to epinephrin unusual, considering Mr. Gonzalez's relatively young age.

Mr. Headrick did not know Mr. Gonzalez was handcuffed while CPR was being administered until Mr. Dutra attempted to place an IV. Mr. Headrick does not believe the position of Mr. Gonzalez's arms impacted their ability to provide effective CPR. Mr. Headrick bases this assessment on information he received from the monitor attached to the EKG pads, which confirmed Mr. Gonzalez was receiving effective CPR.

Mr. Headrick recognized Mr. Gonzalez when he arrived on scene. Mr. Headrick had interacted with Mr. Gonzalez eight to ten times prior to April 19, 2021. Approximately half of those interactions were on dispatched calls. Mr. Headrick reports that those calls were usually public intoxication calls and that during a few of those calls Mr. Gonzalez had been incoherent and did not follow directions well. Mr. Headrick does not recall if Alameda Police Officers were on scene during any of the previous calls involving Mr. Gonzalez. On occasion Mr. Gonzalez would come to the fire station to ask questions or request transportation.

EXHIBIT 38

 **911 Call Recording – see
hard drive**

EXHIBIT 39

**[REDACTED] 911 Call Recording –
see hard drive**

EXHIBIT 40

**Officer James Fisher Body Worn
Camera Footage – see hard drive**

EXHIBIT 41

**Officer George Koutsoubos Body
Worn Camera Footage – see hard
drive**

EXHIBIT 42

**Officer Cameron Leahy Body Worn
Camera Footage – see hard drive**

EXHIBIT 43

**Officer Eric McKinley Body Worn
Camera Footage – see hard drive**

EXHIBIT 44

**Officer Frank Peterson Body Worn
Camera Footage – see hard drive**

EXHIBIT 45

**Officer Russell Wise Body Worn
Camera Footage – see hard drive**

EXHIBIT 46

**Sergeant Emilia Mrak Body Worn
Camera Footage – see hard drive**

EXHIBIT 47

**Recording of Officer Eric McKinley
Interview – see hard drive**

EXHIBIT 48

**Recording of Officer Cameron Leahy
Interview – see hard drive**

EXHIBIT 49

**Recording of Officer James Fisher
Interview – see hard drive**

EXHIBIT 50

**Recording of Technician Charly
Clemmons Interview – see hard drive**

EXHIBIT 51

**Recording of Officer Russell Wise
Interview – see hard drive**

EXHIBIT 52

**Recording of Sergeant Emilia Mrak
Interview – see hard drive**

EXHIBIT 53

**Recording of Officer Francisco Guerra
Interview – see hard drive**

EXHIBIT 54

**Recording of Officer George
Koutsoubos Interview – see hard drive**

EXHIBIT 55

**Recording of Sergeant Frank Peterson
Interview – see hard drive**

EXHIBIT 56

**Recording of Interim Chief of Police
Randy Fenn Interview – see hard drive**

EXHIBIT 57

**Recording of Firefighter/Paramedic
Daniel Martin Interview – see hard
drive**

EXHIBIT 58

**Recording of Firefighter/Paramedic
Tyler Headrick Interview – see hard
drive**

EXHIBIT 59

**Recording of Acting Fire Captain
Bradley Eckelhoff Interview – see hard
drive**

EXHIBIT 60

Alameda Police Department
Individual Training Activity



05/10/2021

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Person: **Officer Eric McKinley**

Personal

Agency: Alameda Police Department
ID #: 63

Employment

<u>Property</u>	<u>Value</u>	<u>From</u>	<u>Through</u>
Active Status:	Active	07/09/2018	//
Duty Status:	Full Duty	07/09/2018	//
Time Status:	Full Time	07/09/2018	//
Rank:	Officer	07/09/2018	//
Work Unit:	Patrol Bureau	07/09/2018	//
Station:	Police Administration Building	07/09/2018	//
Division:	Operations	07/09/2018	//

Scheduled Training In: 2021

TMS #	Ended	Subject	Certification	Compl.	Grade	Score	Tng. Time
- 6232	06/24/2021	Crisis Intervention Training	CA-POST 2010-20801-20009	✓	P		32:00
- 6278	02/18/2021	RIMS Sun Ridge Systems Training	*** None ***	✓	P		16:00
- 6088	01/05/2021	Duty to Intervene/Policy, Practice, Training & Buy-In	*** None ***	✓	P		03:00

Totals For Training Completed in: 2021 Completed 3 of 3 Modules 51:00

Scheduled Training In: 2020

TMS #	Ended	Subject	Certification	Compl.	Grade	Score	Tng. Time
- 6145	11/14/2020	Vehicle Pursuit Policy (WEB)	CA-POST - -20	✓	P		02:00
- 6110	10/22/2020	Taser Training 2020	*** None ***	✓	P		04:00
- 6105	10/21/2020	Legal Update AB392/835 PC	*** None ***	✓	P		03:00
- 6078	08/31/2020	Defensive Tactics - Use of Force	*** None ***	✓	P		00:30
- 6061	08/14/2020	Harassment Prevention for Employees	*** None ***	✓	P		01:30
- 6021	07/06/2020	Domestic Violence Response	CA-POST 9180-25589-20006	✓	P		02:00
- 5996	06/16/2020	Policy 450 - Portable Audio / Video Recorders	*** None ***	✓	P		00:00
- 5992	06/10/2020	Policy 300.3 - Use of Force	*** None ***	✓	P		00:00
- 5987	05/19/2020	CLETS Less Than Full Access Operator	*** None ***	✓	P		03:00
- 5976	04/20/2020	Cryptocurrency for Law Enforcement	*** None ***	✓	P		04:00
- 5935	04/10/2020	N95 Mask Training	*** None ***	✓	P		00:30
- 5899	03/05/2020	Tactical Communications	CA-POST 9180-25585-19249	✓	P		02:00

Totals For Training Completed in: 2020 Completed 12 of 12 Modules 22:30

Alameda Police Department
Individual Training Activity



05/10/2021

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Person: Officer Eric McKinley (Continued)

Scheduled Training In: 2019

TMS #	Ended	Subject	Certification	Compl.	Grade	Score	Tng. Time
- 5752	12/18/2019	DUI Detection - Field Sobriety	CA-POST 1270-20290-19008	✓	P		24:00
- 5836	12/15/2019	The Crime Lab	*** None ***	✓	P		04:00
- 5835	11/23/2019	Crime Scenes and No Hit OIS	*** None ***	✓	P		04:00
- 5834	11/21/2019	Search and Seizure Update	*** None ***	✓	P		04:00
- 5833	11/15/2019	Cell Phone Analysis, Social Media and Google	*** None ***	✓	P		04:00
- 5768	10/29/2019	Gun Violence Restraining Order Training	*** None ***	✓	P		08:00
- 5832	10/25/2019	Cell Phones, Social Media Warrants and Surveillance	*** None ***	✓	P		04:00
- 5742	08/22/2019	MRI Safety Training 2019	*** None ***	✓	P		01:00
- 5831	08/05/2019	Interview & Interrogation	*** None ***	✓	P		04:00
- 5667	07/19/2019	Interview & Interrogation	CA-POST 9590-31445-19001	✓	P		40:00
- 5830	07/13/2019	Search Warrants Court Orders and Ops Plans	*** None ***	✓	P		04:00
- 5764	06/15/2019	N95 Mask Training	*** None ***	✓	P		00:30
- 5829	05/25/2019	Introduction to Investigations	*** None ***	✓	P		04:00
- 5647	04/25/2019	First Aid/CPR/AED 2019	*** None ***	✓	P		04:00
- 5571	03/10/2019	Unconscious Bias	*** None ***	✓	P		02:00
- 5530	02/14/2019	Patrol Rifle Operator	CA-POST 2540-32075-18025	✓	P		16:00
- 5552	02/12/2019	Rapid Rescue	*** None ***	✓	P		04:00

Totals For Training Completed in: 2019 Completed 17 of 17 Modules 131:30

Scheduled Training In: 2018

TMS #	Ended	Subject	Certification	Compl.	Grade	Score	Tng. Time
- 5436	12/10/2018	EVOC Update	CA-POST 1010-21155-18029	✓	P		08:00
- 5499	12/07/2018	Bloodborne Pathogen Training	*** None ***	✓	P		02:00
- 5492	12/07/2018	Naloxone Training	*** None ***	✓	P		02:00
- 5383	09/11/2018	MRI Safety Training 2018	*** None ***	✓	P		01:00
- 5320	07/09/2018	CLETS Less Than Full Access Operator	*** None ***	✓	P		03:00

Totals For Training Completed in: 2018 Completed 5 of 5 Modules 16:00

Totals For: Officer Eric McKinley Completed 37 of 37 Modules 221:00

CONFIDENTIAL

Name: MCKINLEY, ERIC

POST ID: C70-X64

Agency: ALAMEDA PD

Sex: M

AKA: NO ALTERNATE NAMES ON FILE

Race: W

Certificates

Cost	Type	Awarded	Edo	T	F	Comments
199941	B	07/13/2020		43.55	0	
144460	F	07/24/2020	BA	0	0	EXPRESSION COLLEGE

Total Number of Certificates: 2

Employment

Hired From	To	R	Rank	Rank Date	Agency	Agency Name	FP	P/U	Seas
07/09/2018			PO	07/09/2018	01010	ALAMEDA PD	F	P	

R = Reason for Separation: 1 = Resignation, 2 = Discharge, 3 = Retirement, 4 = Death, 5 = Felony, 6 = Other, 7 = Promotion/Demotion

Training

Comp Date	Cat	CCN	Hrs	Rmb	Comp	Agency	School	*	Course Name
06/29/2018	A	2540-00100-17-004	871	-	Y	60020	SOBAYRTC		BASIC COURSE-INTENSIVE
12/10/2018	K	1010-21155-18-029	8	-	Y	01010	ALAMEDA SO	*	DRIVER TRAINING (EVOC) UPDATE
02/14/2019	K	2540-32075-18-025	16	-	Y	01010	SOBAYRTC		FIREARMS/TACTICAL RIFLE
07/19/2019	K	9590-31445-19-001	40	X	Y	01010	B.A.T.I.		INTERVIEW & INTERROGATION
10/29/2019	K	1397-22337-19-005	6	X	Y	01010	SDCA		GUN VIOLENCE RESTRAINING ORDERS
12/18/2019	K	1270-20290-19-008	24	R	Y	01010	CHP		DUI DETECTION-FIELD SOBRIETY
03/05/2020	K	9180-25585-19-249	2	X	Y	01010	POST	*	TACTICAL COMMUNICATION (WEB)
07/06/2020	K	9180-25589-20-006	2	X	Y	01010	POST		DV RESPONSE & LETHALITY ASSESSMENT (WEB)

* Meets Perishable Skills

Comp Date	Cat	CCN	Hrs	Rmb	Comp	Agency	School	*	Course Name
09/30/2020	H	6290-10370-20-002	2	X	Y	01010	APD		LEGAL UPDATE
10/19/2020	K	1010-20005-20-001	8	R	Y	01010	ALAMEDA SO	*	DRIVING/FORCE OPTION SIM.COMBO
10/20/2020	K	6290-32001-20-003	4	R	Y	01010	APD	*	FIREARMS UPDATE
10/22/2020	K	6290-20995-20-003	4	R	Y	01010	APD	*	ARREST & CONTROL TECHNIQUES
11/14/2020	K	9180-25587-20-137	2	X	Y	01010	POST		VEHICLE PURSUIT POLICY (WEB)

* Meets Perishable Skills

Footnotes

No Footnote on file.

EXHIBIT 61

Alameda Police Department
Individual Training Activity



05/10/2021

Page 1 of 5 pages

Person: Officer James Fisher

Personal

Agency: Alameda Police Department
ID #: 49

Employment

<u>Property</u>	<u>Value</u>	<u>From</u>	<u>Through</u>
Active Status:	Active	11/16/2010	//
Duty Status:	Full Duty	11/16/2010	//
Time Status:	Full Time	11/16/2010	//
Rank:	Officer	11/16/2010	//
Work Unit:	Patrol Bureau	11/16/2010	//
Station:	Police Administration Building	11/16/2010	//
Division:	Operations	11/16/2010	//

Scheduled Training In: 2021

TMS #	Ended	Subject	Certification	Compl. Grade	Score	Tng. Time
- 6278	02/18/2021	RIMS Sun Ridge Systems Training	*** None ***	✓	P	16:00
- 6088	01/05/2021	Duty to Intervene/Policy, Practice, Training & Buy-In	*** None ***	✓	P	03:00

Totals For Training Completed in: 2021 Completed 2 of 2 Modules 19:00

Scheduled Training In: 2020

TMS #	Ended	Subject	Certification	Compl. Grade	Score	Tng. Time
- 6188	12/21/2020	SB 719 Pursuit Policy Training Attestation	*** None ***	✓	P	01:00
- 6110	10/29/2020	Taser Training 2020	*** None ***	✓	P	04:00
- 6105	10/28/2020	Legal Update AB392/835 PC	*** None ***	✓	P	03:00
- 6097	09/28/2020	CED Policy 389	*** None ***	✓	P	00:15
- 6078	08/31/2020	Defensive Tactics - Use of Force	*** None ***	✓	P	00:30
- 6019	07/04/2020	Domestic Violence Response	CA-POST 9180-25589-20004	✓	P	02:00
- 5996	06/16/2020	Policy 450 - Portable Audio / Video Recorders	*** None ***	✓	P	00:00
- 5992	06/10/2020	Policy 300.3 - Use of Force	*** None ***	✓	P	00:00
- 5987	05/16/2020	CLETS Less Than Full Access Operator	*** None ***	✓	P	03:00
- 5935	04/11/2020	N95 Mask Training	*** None ***	✓	P	00:30
- 5923	03/21/2020	Tactical Communications	CA-POST 9180-25585-19265	✓	P	02:00

Totals For Training Completed in: 2020 Completed 11 of 11 Modules 16:15

Alameda Police Department
Individual Training Activity



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Person: **Officer James Fisher** (Continued)

Scheduled Training In: **2019**

TMS #	Ended	Subject	Certification	Compl.	Grade	Score	Tng. Time
- 5739	09/07/2019	UTM Instructor - LE Certification	*** None ***	✓	P		04:00
- 5742	08/22/2019	MRI Safety Training 2019	*** None ***	✓	P		01:00
- 5612	08/08/2019	Glock Armorers Course	*** None ***	✓	P		08:00
- 5769	07/25/2019	Gas Mask Fit Testing	*** None ***	✓	P		01:00
- 5764	06/15/2019	N95 Mask Training	*** None ***	✓	P		01:00
- 5645	04/23/2019	First Aid/CPR/AED 2019	*** None ***	✓	P		04:00
- 5546	04/16/2019	Contact Threat Mitigation & Fighting Pistol	*** None ***	✓	P		16:00
- 5484	03/07/2019	AR-15 Armorers Course	*** None ***	✓	P		24:00

Totals For Training Completed in: 2019 Completed 8 of 8 Modules 59:00

Scheduled Training In: **2018**

TMS #	Ended	Subject	Certification	Compl.	Grade	Score	Tng. Time
- 5435	11/30/2018	EVOC Update	*** None ***	✓	P		08:00
- 5493	11/27/2018	Bloodborne Pathogen Training	*** None ***	✓	P		02:00
- 5486	11/27/2018	Naloxone Training	*** None ***	✓	P		02:00
- 5462	11/13/2018	Law Enforcement Tactical Life Saver	*** None ***	✓	P		08:00
- 5340	08/16/2018	MRI Safety Training 2018	*** None ***	✓	P		01:00
- 5253	07/20/2018	Tactical Communications	CA-POST - 18	✓	P		02:00
- 5265	06/20/2018	CLETS Less Than Full Access Operator	*** None ***	✓	P		03:00
- 4819	04/06/2018	Firearms Instructor	CA-POST 1010-21640-17	✓	P		80:00
- 5065	01/23/2018	Tactical Firearms Update	*** None ***	✓	P		04:00

Totals For Training Completed in: 2018 Completed 9 of 9 Modules 110:00

Scheduled Training In: **2017**

TMS #	Ended	Subject	Certification	Compl.	Grade	Score	Tng. Time
- 4967	11/09/2017	Firearms/Patrol Rifle Instructor	CA-POST 2540-32112-17002	✓	P		32:00
- 4948	08/16/2017	License Plate Reader	*** None ***	✓	P		01:00
- 4820	08/02/2017	Procedural Justice and Implicit Bias	*** None ***	✓	P		08:00
- 4683	06/23/2017	Tactical Firearms Instructor Certification	*** None ***	✓	P		40:00
- 4877	05/22/2017	Regional Honor Guard Training	*** None ***	✓	P		09:00
- 4863	05/01/2017	Taser Training 2017	*** None ***	✓	P		08:00

Alameda Police Department
Individual Training Activity



05/10/2021

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Person: **Officer James Fisher** (Continued)

Scheduled Training In: 2017 (Continued)

TMS #	Ended	Subject	Certification	Compl. Grade	Score	Tng. Time
- 4736	02/13/2017	Law Enforcement First Aid/CPR Online Course	*** None ***	✓	P	12:00
- 4832	01/02/2017	less lethal shotgun/lethal force option qualification	*** None ***	✓	P	01:00
- 4853	01/01/2017	Ambush Response/Shooting From Vehicles	*** None ***	✓	P	01:00

Totals For Training Completed in: 2017 Completed 9 of 9 Modules 112:00

Scheduled Training In: 2016

TMS #	Ended	Subject	Certification	Compl. Grade	Score	Tng. Time
- 4648	12/17/2016	Domestic Violence Response	*** None ***	✓	P	02:00
- 4616	12/04/2016	Introduction to Precision Rifle I	*** None ***	✓	P	08:00
- 4588	11/22/2016	Driving / Force Options Simulator	*** None ***	✓	P	08:00
- 4563	09/22/2016	Crisis Intervention Training	CA-POST 2010-20801-16001	✓	P	32:00
- 4497	04/19/2016	Arrest Control/Defensive Tactics AO 2016	CA-POST - -15	✓	P	08:00
- 4431	02/05/2016	Colt 1911 Armors Course	*** None ***	✓	P	16:00

Totals For Training Completed in: 2016 Completed 6 of 6 Modules 74:00

Scheduled Training In: 2015

TMS #	Ended	Subject	Certification	Compl. Grade	Score	Tng. Time
- 4377	09/24/2015	CATO Conference 2015	*** None ***	✓	P	28:00
- 4343	06/26/2015	Forensic Breath Alcohol Analysis Trng	*** None ***	✓	P	04:00
- 4232	03/30/2015	Tactical Leadership	*** None ***	✓	P	04:00
- 4252	02/22/2015	ADA/Mental Health	*** None ***	✓	P	02:00
- 4251	02/22/2015	Sexual Harassment	*** None ***	✓	P	01:00
- 4250	02/22/2015	Gas Mask Fit Testing	*** None ***	✓	P	01:00
- 4249	02/22/2015	Domestic Violence Update	*** None ***	✓	P	02:00
- 4248	02/22/2015	Tactical Communications	*** None ***	✓	P	02:00

Totals For Training Completed in: 2015 Completed 8 of 8 Modules 44:00

Scheduled Training In: 2014

TMS #	Ended	Subject	Certification	Compl. Grade	Score	Tng. Time
- 4211	12/15/2014	Crowd Control Training	*** None ***	✓	P	01:00
- 4204	11/13/2014	Tactical Communication AO14	*** None ***	✓	P	02:00

Alameda Police Department
Individual Training Activity



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Person: Officer James Fisher (Continued)

Scheduled Training In: 2014 (Continued)

TMS #	Ended	Subject	Certification	Compl.	Grade	Score	Tng. Time
- 4172	10/24/2014	Patrol Tactics AO 2014	CA-POST - -14	✓	P		06:00
- 4171	10/23/2014	First Aid/CPR/AED AO 2014	CA-POST - -14	✓	P		06:00
- 4170	10/22/2014	Tactical Firearms AO 2014	CA-POST - -14	✓	P		08:00
- 4169	10/21/2014	EVOC 2014	CA-POST	✓	P		08:00
- 4168	10/20/2014	Arrest Control/Defensive Tactics AO 2014	1010-21155- *** None ***	✓	P		08:00
- 4131	09/19/2014	Best in the West SWAT Competition 2014	*** None ***	✓	P		16:00
- 4070	06/19/2014	Drag Net Illegal Street Racing/Modified Vehicle	CA-POST 1192-30252-13003	✓	P		04:00
- 4035	05/02/2014	Rifle Marksmanship and Sniper	CA-POST 1520-23020-13002	✓	P		40:00
- 4098	04/10/2014	Human Trafficking Update	*** None ***	✓	P		01:00

Totals For Training Completed in: 2014 Completed 11 of 11 Modules 100:00

Scheduled Training In: 2013

TMS #	Ended	Subject	Certification	Compl.	Grade	Score	Tng. Time
- 3945	09/13/2013	Best in the West SWAT Competition 2013	*** None ***	✓	P		16:00
- 3877	04/26/2013	Special Weapons & Tactics	CA-POST 2310-23000-12002	✓	P		80:00

Totals For Training Completed in: 2013 Completed 2 of 2 Modules 96:00

Scheduled Training In: 2012

TMS #	Ended	Subject	Certification	Compl.	Grade	Score	Tng. Time
- 3813	10/19/2012	Domestic Violence/CLETS/Tactical Communications AO 2012	CA-POST - -12	✓	P		08:00
- 3812	10/18/2012	Cultural Diversity/Social Media AO 2012	CA-POST - -12	✓	P		04:00
- 3811	10/18/2012	First Aid/CPR/AED AO 2012	CA-POST - -12	✓	P		04:00
- 3810	10/17/2012	Arrest Control/Defensive Tactics AO 2012	CA-POST - -12	✓	P		08:00

Alameda Police Department
Individual Training Activity



05/10/2021

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Person: **Officer James Fisher** (Continued)

Scheduled Training In: 2012 (Continued)

TMS #	Ended	Subject	Certification	Compl.	Grade	Score	Tng. Time
- -3809	10/16/2012	EVOC 2012	CA-POST 1010-21155-12086	✓	P		08:00
- -3808	10/15/2012	Tactical Firearms AO 2012	CA-POST - -12	✓	P		08:00
- -3730	03/18/2012	National Response Plan Is 800	*** None ***	✓	P		01:00
- -3679	02/07/2012	Life Ring Training	*** None ***	✓	P		01:00
- -3729	02/04/2012	National Incident Management System 700	*** None ***	✓	P		01:00

Totals For Training Completed in: 2012 Completed 9 of 9 Modules 43:00

Scheduled Training In: 2011

TMS #	Ended	Subject	Certification	Compl.	Grade	Score	Tng. Time
- -3605	12/06/2011	DUI Detection - Field Sobriety	CA-POST 1270-20290-11018	✓	P		16:00
- -3640	11/01/2011	Incident Command System 100.LEb	*** None ***	✓	P		01:00
- -3581	10/04/2011	Acute Suicide Intervention Training	*** None ***	✓	P		04:00
- -3572	09/06/2011	Pursuit Driving Update	CA-POST - -11	✓	P		02:00
- -3540	08/26/2011	Report Writing	CA-POST 2540-22700-	✓	P		24:00
- -3551	08/02/2011	Legal Actions Involving Peace Officers/Hate Crimes	*** None ***	✓	P		04:00
- -3479	03/08/2011	Elder & Dependent Adult Abuse/Stalking	*** None ***	✓	P		04:00
- -3460	02/02/2011	First Aid/CPR/AED 11	*** None ***	✓	P		08:00

Totals For Training Completed in: 2011 Completed 8 of 8 Modules 63:00

Scheduled Training In: 2010

TMS #	Ended	Subject	Certification	Compl.	Grade	Score	Tng. Time
- -3427	12/07/2010	Tactical Firearms Update	CA-POST - -10	✓	P		08:00

Totals For Training Completed in: 2010 Completed 1 of 1 Modules 08:00

Totals For: Officer James Fisher Completed 84 of 84 Modules 744:15

C O N F I D E N T I A L

Name: FISHER, JAMES FORREST

POST ID: C28-A04

Agency: ALAMEDA PD

Sex: M

AKA: NO ALTERNATE NAMES ON FILE

Race: W

Certificates

Cell	Type	Awarded	Fdu	T	T+	Comments
173837	B	11/27/2012		43	0	
130805	I	07/11/2016	AA	0	0	DIABLO VALLEY COLLEGE
123279	A	07/28/2020	AA	0	0	DIABLO VALLEY COLLEGE

Total Number of Certificates: 3

Employment

Hired From	To	R	Rank	Rank Date	Agency	Agency Name	F/P	P/U	Seas
11/16/2010			PO	11/16/2010	01010	ALAMEDA PD	F	P	

R = Reason for Separation: 1 = Resignation, 2 = Discharge, 3 = Retirement, 4 = Death, 5 = Felony, 6 = Other, 7 = Promotion/Demotion

Training

Comp Date	Cal	CCN	Hrs	Rank	Comp	Agency	School	*	Course Name
06/18/2009	K	4890-23272-08-145	8	-	Y	60020	M TOLERANCE		CULT. DIV.-TOOLS FOR TOLERANCE (MOT ONLY)
09/12/2009	A	4200-00100-08-003	871	-	Y	60020	NAPA C		BASIC COURSE-INTENSIVE
12/07/2010	K	6290-32001-10-001	8	X	Y	01010	APD	*	FIREARMS UPDATE
03/08/2011	K	6290-29000-10-238	2	X	Y	01010	APD		ELDER AND DEPENDENT ADULT ABUSE
08/02/2011	K	6290-29000-11-189	2	X	Y	01010	APD		LEGAL ACTIONS INVOLVING PEACE OFFICERS
08/02/2011	K	6290-29000-11-195	2	X	Y	01010	APD		HATE CRIMES
08/26/2011	K	2540-22700-11-001	24	R	Y	01010	SOBAYRTC		REPORT WRITING

* Meets Perishable Skills

Emp Date	Cal	CCN	Hrs	Reqd	Crap	Agency	School	*	Course Name
09/06/2011	K	6290-29000-11-159	2	X	Y	01010	APD		PURSUIT DRIVING UPDATE
12/06/2011	K	1270-20290-11-018	16	R	Y	01010	CHP		DUI DETECTION-FIELD SOBRIETY
02/07/2012	K	9180-25575-11-222	3	X	Y	01010	POST		SEARCH WARRANT FUNDAMENTALS (WEB)
10/07/2012	K	9180-25580-12-099	4	X	Y	01010	POST		DOMESTIC VIOLENCE: IT'S YOUR CALL, VOL. 1 (WEB)
10/16/2012	K	1010-21155-12-086	8	R	Y	01010	ALAMEDA SO	*	DRIVER TRAINING (EVOC) UPDATE
10/18/2012	K	6290-29000-12-176	2	X	Y	01010	APD		RACIAL PROFILING UPDATE
10/22/2012	K	6290-32001-12-003	8	X	Y	01010	APD	*	FIREARMS UPDATE
10/23/2012	K	6290-20995-12-003	8	X	Y	01010	APD	*	ARREST & CONTROL TECHNIQUES
10/26/2012	K	6290-30854-12-004	2	X	Y	01010	APD	*	TACTICAL COMMUNICATIONS UPDATE
04/26/2013	K	2310-23000-12-002	80	R	Y	01010	SACTO SD		SPECIAL WEAPONS & TACTICS
02/03/2014	K	6290-29000-13-233	2	X	Y	01010	APD		HUMAN TRAFFICKING UPDATE
05/02/2014	K	1520-23020-13-002	48	R	Y	01010	FRESNO PD		RIFLE MARKSMANSHIP AND SNIPER
06/19/2014	K	1192-30252-13-003	4	X	Y	01010	EGPD		VEHICLE RACING/MOD.VEH.ENFORC
10/20/2014	K	6290-20995-14-003	8	X	Y	01010	APD	*	ARREST & CONTROL TECHNIQUES
10/20/2014	K	9180-25554-14-112	2	X	Y	01010	POST	*	COMMUNICATION: KEEPING YOUR EDGE (WEB)
10/21/2014	K	1010-21155-14-009	8	R	Y	01010	ALAMEDA SO	*	DRIVER TRAINING (EVOC) UPDATE
10/22/2014	K	6290-32001-14-003	8	X	Y	01010	APD	*	FIREARMS UPDATE
12/16/2014	K	9180-25581-14-169	6	X	Y	01010	POST		DOMESTIC VIOLENCE: IT'S YOUR CALL, VOL. 2 (WEB)
02/22/2015	K	6290-29000-14-159	2	X	Y	01010	APD		PURSUIT DRIVING UPDATE
02/22/2015	K	6290-29000-14-161	2	X	Y	01010	APD	*	TACTICAL COMMUNICATIONS
06/26/2015	K	1010-20322-14-006	4	-	Y	01010	ALAMEDA SO		FORENSIC BREATH ALCOHOL ANALYSIS
08/04/2015	K	6290-29000-15-161	2	X	Y	01010	APD	*	TACTICAL COMMUNICATIONS
04/19/2016	K	6290-20995-15-002	8	X	Y	01010	APD	*	ARREST & CONTROL TECHNIQUES
09/22/2016	K	2010-20801-16-001	38	-	Y	01010	OPD		CRISIS INTERVENTION
11/22/2016	K	1010-20005-16-005	8	-	Y	01010	ALAMEDA SO	*	DRIVING/FORCE OPTION SIM.COMBO

* Meets Perishable Skills

Comp Date	Cat	CCN	Hrs	Rmb	Comp	Agency	School	*	Course Name
12/17/2016	K	9180-25583-16-170	2	X	Y	01010	POST		DOMESTIC VIOLENCE RESPONSE (WEB)
08/02/2017	K	4490-20702-17-001	8	X	Y	01010	UCLAPD		PROCEDURAL JUSTICE AND IMPLICIT BIAS
11/10/2017	K	2540-32112-17-002	40	R	Y	01010	SOBAYRTC		FIREARMS/TACTICAL RIFLE INSTR.
01/23/2018	K	6290-32001-17-001	4	X	Y	01010	APD	*	FIREARMS UPDATE
04/06/2018	K	1010-21640-17-002	80	R	Y	01010	ALAMEDA SO		FIREARMS INSTRUCTOR
07/20/2018	K	9180-25585-18-020	2	X	Y	01010	POST	*	TACTICAL COMMUNICATION (WEB)
09/10/2018	K	1010-28000-18-001	48	X	Y	01010	ALAMEDA SO		TRAINING CONFERENCE
11/13/2018	K	1268-21783-18-012	8	X	Y	01010	ISTM		TACTICAL LIFESAVER
11/30/2018	K	1010-21155-18-028	8	-	Y	01010	ALAMEDA SO	*	DRIVER TRAINING (EVOC) UPDATE
12/21/2018	K	6290-20995-18-006	8	X	Y	01010	APD	*	ARREST & CONTROL TECHNIQUES
03/21/2020	K	9180-25585-19-265	2	X	Y	01010	POST	*	TACTICAL COMMUNICATION (WEB)
07/04/2020	K	9180-25589-20-004	2	X	Y	01010	POST		DV RESPONSE & LETHALITY ASSESSMENT (WEB)
09/30/2020	H	6290-10370-20-002	2	X	Y	01010	APD		LEGAL UPDATE
10/20/2020	K	6290-32001-20-003	4	R	Y	01010	APD	*	FIREARMS UPDATE
10/26/2020	K	1010-20005-20-003	8	R	Y	01010	ALAMEDA SO	*	DRIVING/FORCE OPTION SIM.COMBO
10/27/2020	K	1010-21065-20-032	4	R	Y	01010	ALAMEDA SO	*	FORCE OPTION-SIMULATOR
10/29/2020	K	6290-20995-20-004	4	R	Y	01010	APD	*	ARREST & CONTROL TECHNIQUES
11/14/2020	K	9180-25587-20-137	2	X	Y	01010	POST		VEHICLE PURSUIT POLICY (WEB)

* Meets Perishable Skills

Footnotes

Date	Footnote	Presenter
10/6/2020	PSP Instructor Exemption TACTICAL FIREARMS	ALAMEDA POLICE DEPARTMENT (6290)

EXHIBIT 62

Alameda Police Department
Individual Training Activity



05/10/2021

Page 1 of 2 pages

Person: **Officer Cameron Leahy**

Personal

Agency: Alameda Police Department
ID #: 77

Employment

<u>Property</u>	<u>Value</u>	<u>From</u>	<u>Through</u>
Active Status:	Active	06/12/2017	//
Duty Status:	Full Duty	06/12/2017	//
Time Status:	Full Time	07/13/2017	//
Rank:	Officer	02/12/2018	//
Work Unit:	Patrol Bureau	02/12/2018	//
Station:	Police Administration Building	02/12/2018	//
Division:	Operations	02/12/2018	//

Scheduled Training In: 2021

<u>TMS #</u>	<u>Ended</u>	<u>Subject</u>	<u>Certification</u>	<u>Compl.</u>	<u>Grade</u>	<u>Score</u>	<u>Tng. Time</u>
- 6278	02/12/2021	RIMS Sun Ridge Systems Training	*** None ***	✓	P		16:00
- 6088	01/05/2021	Duty to Intervene/Policy, Practice, Training & Buy-In	*** None ***	✓	P		03:00
- 6190	01/02/2021	SB 719 Pursuit Policy Training Attestation	*** None ***	✓	P		01:00

Totals For Training Completed in: 2021 Completed 3 of 3 Modules 20:00

Scheduled Training In: 2020

<u>TMS #</u>	<u>Ended</u>	<u>Subject</u>	<u>Certification</u>	<u>Compl.</u>	<u>Grade</u>	<u>Score</u>	<u>Tng. Time</u>
- 6110	10/15/2020	Taser Training 2020	*** None ***	✓	P		04:00
- 6105	10/12/2020	Legal Update AB392/835 PC	*** None ***	✓	P		03:00
- 6078	08/31/2020	Defensive Tactics - Use of Force	*** None ***	✓	P		00:30
- 6027	07/13/2020	Domestic Violence Response	CA-POST 9180-25589-20013	✓	P		02:00
- 5996	06/16/2020	Policy 450 - Portable Audio / Video Recorders	*** None ***	✓	P		00:00
- 5992	06/10/2020	Policy 300.3 - Use of Force	*** None ***	✓	P		00:00
- 5987	05/31/2020	CLETS Less Than Full Access Operator	*** None ***	✓	P		03:00
- 5912	03/11/2020	Tactical Communications	CA-POST 9180-25585-19255	✓	P		02:00
- 5718	02/27/2020	Crisis Intervention Training	CA-POST 2010-20801-19005	✓	P		32:00
- 5792	01/22/2020	Procedural Justice and Implicit Bias	*** None ***	✓	P		08:00
- 5838	01/16/2020	Radar Operator	CA-POST 1270-23300-19017	✓	P		24:00

Totals For Training Completed in: 2020 Completed 11 of 11 Modules 78:30

Alameda Police Department
Individual Training Activity



05/10/2021

Page 2 of 2 pages

Person: **Officer Cameron Leahy** (Continued)

Scheduled Training In: 2019

TMS #	Ended	Subject	Certification	Compl.	Grade	Score	Tng. Time
- 5699	09/11/2019	Critical Incident Response for Field Officers	*** None ***	✓	P		08:00
- 5742	08/22/2019	MRI Safety Training 2019	*** None ***	✓	P		01:00
- 5769	07/25/2019	Gas Mask Fit Testing	*** None ***	✓	P		01:00
- 5681	06/30/2019	Gun Violence Restraining Order Training	*** None ***	✓	P		00:15
- 5613	06/20/2019	Interview & Interrogation	CA-POST 1126-31445-18008	✓	P		24:00
- 5764	06/15/2019	N95 Mask Training	*** None ***	✓	P		00:30
- 5643	04/22/2019	First Aid/CPR/AED 2019	*** None ***	✓	P		04:00
- 5555	02/21/2019	Rapid Rescue Exercise	*** None ***	✓	P		03:30
- 5552	02/12/2019	Rapid Rescue	*** None ***	✓	P		04:00

Totals For Training Completed in: 2019 Completed 9 of 9 Modules **46:15**

Scheduled Training In: 2018

TMS #	Ended	Subject	Certification	Compl.	Grade	Score	Tng. Time
- 5493	11/27/2018	Bloodborne Pathogen Training	*** None ***	✓	P		02:00
- 5486	11/27/2018	Naloxone Training	*** None ***	✓	P		02:00
- 5410	10/03/2018	MRI Safety Training 2018	*** None ***	✓	P		01:00
- 5458	08/06/2018	National Response Framework 800.c	*** None ***	✓	P		01:00
- 5260	07/31/2018	Patrol Rifle Operator	CA-POST 1620-32075-18001	✓	P		16:00
- 5675	05/29/2018	IIPP Training	*** None ***	✓	P		00:15
- 5155	05/08/2018	CLETS Less Than Full Access Operator	*** None ***	✓	P		03:00
- 5071	02/12/2018	CLETS Less Than Full Access Operator	*** None ***	✓	P		03:00
- 5105	02/09/2018	Basic Course-Intensive	CA-POST 1010-00100-17001	✓	P		1,064:00

Totals For Training Completed in: 2018 Completed 9 of 9 Modules **1,092:15**

Scheduled Training In: 2012

TMS #	Ended	Subject	Certification	Compl.	Grade	Score	Tng. Time
- 5463	01/25/2012	National Incident Management System 700	*** None ***	✓	P		01:00
- 5464	01/25/2012	Incident Command System 100	*** None ***	✓	P		01:00

Totals For Training Completed in: 2012 Completed 2 of 2 Modules **02:00**

Totals For: Officer Cameron Leahy Completed 34 of 34 Modules **1,239:00**

CONFIDENTIAL

Name: LEAHY, CAMERON JAMES

POST ID: C65-T53

Agency: ALAMEDA PD

Sex: M

AKA: NO ALTERNATE NAMES ON FILE

Race: B

Certificates

Cert	Type	Awarded	Edu	T	T+	Comments
197841	B	02/12/2020		52.8	0	
142995	I	02/12/2020	BA	0	0	CALIFORNIA MARITIME ACADEMY
Total Number of Certificates: 2						

Employment

Hired From	To	R	Rank	Rank Date	Agency	Agency Name	LP	PD	Seas.
07/30/2017	02/12/2018	6	TRN	07/30/2017	01010	ALAMEDA PD	P	P	
02/12/2018			PO	02/12/2018	01010	ALAMEDA PD	F	P	
R = Reason for Separation: 1 = Resignation, 2 = Discharge, 3 = Retirement, 4 = Death, 5 = Felony, 6 = Other, 7 = Promotion/Demotion									

Training

Comp Date	Cat	CCN	Hrs	Rmb	Cmp	Agency	School	*	Course Name
02/09/2018	A	1010-00100-17-001	1056	R	Y	01010	ALAMEDA SO		BASIC COURSE-INTENSIVE
07/24/2018	K	6290-20995-18-003	8	X	Y	01010	APD	*	ARREST & CONTROL TECHNIQUES
07/31/2018	K	1620-32075-18-001	18	-	Y	01010	HAYWARD PD	*	FIREARMS/TACTICAL RIFLE
06/20/2019	K	1126-31445-18-008	24	X	Y	01010	3RD DEGREE		INTERVIEW & INTERROGATION
09/11/2019	K	7290-24201-19-006	8	X	Y	01010	D-PREP		CRITICAL INCIDENT MGT. UPD
01/16/2020	K	1270-23300-19-017	24	X	Y	01010	CHP		RADAR OPERATOR
01/22/2020	K	4490-20702-19-001	8	X	Y	01010	UCLAPD		PROCEDURAL JUSTICE AND IMPLICIT BIAS

* Meets Perishable Skills

Comp Date	Cat	CCN	Hrs	Rmb	Cmp	Agency	School	*	Course Name
02/27/2020	K	2010-20801-19-005	40	R	Y	01010	OPD		CRISIS INTERVENTION
03/11/2020	K	9180-25585-19-255	2	X	Y	01010	POST	*	TACTICAL COMMUNICATION (WEB)
07/13/2020	K	9180-25589-20-013	2	X	Y	01010	POST		DV RESPONSE & LETHALITY ASSESSMENT (WEB)
09/22/2020	H	6290-10370-20-001	2	X	Y	01010	APD		LEGAL UPDATE
10/13/2020	K	6290-32001-20-002	4	R	Y	01010	APD	*	FIREARMS UPDATE
10/14/2020	K	1010-20985-20-033	4	R	Y	01010	ALAMEDA SO	*	DRIVER TRAINING-SIMULATOR
10/14/2020	K	1010-21065-20-022	4	R	Y	01010	ALAMEDA SO	*	FORCE OPTION-SIMULATOR
10/15/2020	K	6290-20995-20-002	4	R	Y	01010	APD	*	ARREST & CONTROL TECHNIQUES
11/11/2020	K	9180-25587-20-134	2	X	Y	01010	POST		VEHICLE PURSUIT POLICY (WEB)
* Meets Perishable Skills									

Footnotes

No Footnote on file.

EXHIBIT 63



Alameda County Coroner's Bureau

2901 Peralta Oaks Court
Oakland, CA 94605
(510) 382-3000

AUTOPSY REPORT


Name:	MARIO GONZALEZ ARENALES	Case #:	2021-02197
Age:	26 Years	Sex:	Male
Date of death:	04/19/2021	Date of autopsy:	04/21/2021
Time of death:	1145 hours	Time of autopsy:	0915 hours

CAUSE OF DEATH:

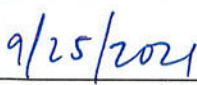
Toxic effects of methamphetamine

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH:

Physiologic stress of altercation and restraint; Morbid obesity; Alcoholism



VIVIAN S. SNYDER, D.O.
Chief Forensic Pathologist



DATE

MAJOR AUTOPSY FINDINGS

- I. Toxic effects of methamphetamine:
 - A. History of methamphetamine abuse
 - B. Toxicology testing detected methamphetamine and amphetamine; see Toxicology Report

- II. Physiologic stress of altercation and restraint:
 - A. History of pre-terminal physical altercation and restraint, handcuffed in prone position, with pressure being applied to posterior torso and legs

- III. Morbid obesity:
 - A. Body mass index = 47.25
 - B. Cardiomegaly (450 grams) with mild four-chamber dilation

- IV. Alcoholism:
 - A. History of alcoholism
 - B. Marked hepatomegaly (3920 grams) with severe steatosis
 - C. Toxicology testing detected ethanol (see Toxicology Report)

- V. Status-post attempted resuscitation:
 - A. Multiple rib fractures
 - B. Liver laceration
 1. Hemoperitoneum (200 mL)

- VI. Minor superficial blunt trauma:
 - A. Cutaneous abrasions and contusions
 - B. No lethal injuries

SUMMARY & OPINION

According to the Investigator's Report, available medical records, information provided by the Alameda Police Department, information provided by the Alameda County Sheriff's Office, and by independent review of body worn camera footage by the Alameda County Coroner's Bureau, Mr. Mario Gonzalez Arenales (MGA) was a 26-year-old man with a medical history including alcohol and methamphetamine abuse.

Please note that the "times" listed in this section are approximate "time stamps" documented in the Body Worn Camera footage and are not representative of the actual time of occurrence.

On the morning of 04/19/2021, a City of Alameda Police Department (APD) Officer ("Officer 1") was dispatched to Oak Street in Alameda, CA for a report of a man with a possible "psychiatric emergency". When he arrived at the park (17:43:38), MGA was pacing around the park and appeared to be talking to himself. The Officer also observed two shopping hand baskets containing alcohol containers. The Officer attempted to talk to MGA, but according to the Officer he was not making any sense. A second APD Officer ("Officer 2") then approached the park from another direction (17:50:34). The Officers continued to try to speak with MGA and get him to identify himself, but he was not speaking coherently. The Officers observed that MGA was intoxicated and not steady on his feet. MGA then tried to put his hands in his pockets. The Officers asked him to keep his hands out of his pockets; they then determined it was necessary to handcuff MGA. At 17:52:44 Officer 1 grabbed MGA's left wrist while Officer 2 grabbed MGA's right arm and was able to place MGA's right arm behind his back.

Officer 1 had difficulty positioning MGA's left arm behind his back. The Officers continued to struggle with MGA and were unable to handcuff him while the three of them were standing, so they determined that they would have to move him down to the ground. The two officers continued to struggle with MGA for awhile in the standing position with each officer holding one arm and MGA facing forward and downward. The Officers attempted

to transition MGA to the ground, but MGA was able to resist these efforts until all three men landed on the ground at approximately 17:55:30.

When they all landed on the ground, MGA was in the prone position. Initially Officer 2 had a knee on MGA's lower back, then he repositioned and had his torso over the top of MGA's head, neck, and upper shoulders, with his left arm tucked under MGA's right arm. Officer 2 then shifted and had his torso over MGA, with his legs on MGA's left side and his arms on MGA's right side, while he was trying to pull MGA's right arm out from underneath MGA. At this time, Officer 1 was on top of MGA's legs.

At approximately 17:56:29, Officer 2 repositioned again; he brought his whole body over to MGA's right side and had both arms in contact with MGA's back and appeared to have a portion of his body weight on MGA.

Around this time, a third person approached the incident scene – a City of Alameda Parking Technician. This person began to control MGA's legs. At this point, Officer 2 was able to bring MGA's right arm behind MGA, and then the Officers were able to handcuff MGA. Officer 2 had both forearms in contact with MGA's back and appeared to be leaning forward onto him. After MGA was handcuffed, Officer 1 "climbed off MGA and held him down by his left elbow so he couldn't roll over".

At approximately 17:57:45 Officer 2 repositioned again and placed his right knee on MGA's upper back. Shortly after that, Officer 1 had his right arm on MGA's back and Officer 2 had his knee on MGA's right upper back/shoulder; Officer 2 then repositioned again and had his right elbow on MGA's back. During the attempts to restrain MGA, he was seen to be moving, talking, moaning, and yelling.

At approximately 17:58:36 a third APD officer ("Officer 3") approached the scene. At this time, Officers 1 and 2 were each controlling an arm and the third person was controlling his legs by laying on top of them. Officer 3 then took over control of MGA's legs and described MGA as actively trying to kick upward with his legs, bending at the knees, and

moving his heels “violently” upwards. He placed his knees and shins over the back of MGA’s calves and controlled his ankles to keep him from bending at the knees. He described MGA as “incredibly strong and combative” and that MGA was trying to kick upwards and “buck” Officer 3 off.

At approximately 17:58:48 Officer 1 was holding MGA’s right shoulder/arm with both of his arms and Officer 2 had his right knee on MGA’s right upper back, controlling MGA’s hands with his hands; he then repositioned to also have his right elbow on MGA’s back. Officer 1 had at least one arm on MGA’s back. At this time, MGA was struggling, talking, moaning, and yelling.

At 18:00:24 Officer 2 pointed out that there was “no weight on his chest”. A few seconds after that, MGA appeared to be unresponsive. At 18:00:36 the Officers turned MGA onto his right side. At 18:00:57 they checked for a pulse. At 18:01:02 they turned MGA supine. At 18:01:15 cardiopulmonary resuscitation (CPR) was initiated. At 18:02:27 they placed MGA on his left side in the “recovery position”. At 18:02:52 they checked for a pulse and could not find one, and they turned him supine and resumed CPR. At 18:03:52 the first dose of Narcan was given.

At 18:05:58 paramedics arrived and took over care of MGA. Upon arrival of Alameda Fire Department (AFD), APD Officers were performing CPR. AFD confirmed that MGA was pulseless and apneic. Paramedics took over cardiopulmonary resuscitation and then transported MGA to Alameda Hospital. Upon arrival to the hospital, he was in cardiac arrest, had no pulse, and was not breathing. Hospital staff continued CPR, established a better airway, monitored heart rhythm, administered medications, performed a bedside cardiac ultrasound, and determined that he was not in a shockable rhythm. Advanced cardiac life support continued in the Emergency Room, for a total of 40 minutes of CPR. There was never any improvement in cardiac rhythm and return of spontaneous circulation never occurred. A bedside ultrasound showed cardiac standstill. Time of death was pronounced at 1145 hours.

A forensic autopsy demonstrated features of morbid obesity and alcoholism including an enlarged and dilated heart (cardiomegaly) and an enlarged liver (hepatomegaly) that had severe fatty change (steatosis). The autopsy did not demonstrate any lethal injuries. Broken ribs (rib fractures) and liver tear (laceration) were documented at autopsy – features that are consistent with the consequences of aggressive resuscitative efforts.

Toxicology testing detected methamphetamine (907 ng/mL), amphetamine (methamphetamine metabolite; 134 ng/mL), naloxone (50 ng/mL), and ethanol (< 0.02 grams %). Specialized lab tests (vitreous chemistry) did not show any pathologic electrolyte abnormalities.

Based on the totality of available information, including investigative, autopsy, and laboratory findings, it is apparent that Mr. Gonzalez Arenales experienced cardiopulmonary arrest because of multiple factors. The methamphetamine detected in his blood combined with his enlarged and dilated heart could have together resulted in a fatal cardiac arrhythmia. During the interaction with law enforcement agents, he was face down on the ground (prone) with his hands handcuffed behind his back, and at times the officers were applying pressure to his torso and legs with at least some of the weight of their bodies. The stress of the altercation and restraint combined with prone positioning in the setting of morbid obesity and recent use of methamphetamine placed further strain on Mr. Gonzalez Arenales' heart. Therefore, the cause of death is the **toxic effects of methamphetamine**, with the **physiologic stress of altercation and restraint, morbid obesity, and alcoholism** contributing to the process of dying.

Please note this report underwent formal peer review.

INTRODUCTION

The autopsy is performed under the legal authority of the Alameda County Coroner's Bureau as defined in California Code § 27491. The examination is performed at the Alameda County Coroner's Bureau at 2901 Peralta Oaks Court, Oakland, CA, 94605.

Identification and Receipt:

The body is received in a blue body pouch, sealed with red seal number "6119004". The seal is broken at 0915 hours. A white sheet overlies the body. A white portable patient transport unit is beneath the body. Two Coroner's identification tags that are inscribed with the decedent's name and case number are affixed to the outside of the bag. Paper bags cover the hands, secured with zip ties. A hospital identification band bearing the decedent's name is around the left wrist.

Autopsy Assistants:

The case pathologist is assisted by Sheriff's Technician Ermelinda Vance.

Outside Observers:

The following individuals are in attendance at the autopsy:

- Sergeant Spencer Mountain, Alameda Police Department
- Deputy Jacob Swalwell, Alameda County Sheriff's Office
- Deputy Rob Young, Alameda County Sheriff's Office

Photography:

Autopsy photographs are taken by:

- Vivian Snyder, DO
- Sheriff's Technician Ermelinda Vance

EXTERNAL EXAMINATION**General:**

Height (inches)	65
Weight (pounds)	284
BMI (calculated)	47.25

The body is that of a normally developed, morbidly obese, medium-complexioned man appearing consistent with the listed age of 26 years.

Clothing and Personal Effects:

The body is received wearing the following items:

1. A Navy blue and tan hooded jacket with a zipper; bark, plant material, and hairs are scattered on the jacket
2. A dark gray T-shirt, previously cut
3. A black and brown belt with a gray metal buckle
4. A pair of gray and black socks
5. A pair of black shoes

Head:

The scalp has short black hair without evidence of alopecia. Facial hair consists of a short mustache and beard. The scalp and face have no scars. The eyes have brown

irides and clear corneas. The bulbar and palpebral conjunctivae are mildly congested and free of edema and petechiae. The ears, nose, and lips are unremarkable. The mouth has natural dentition in good repair.

Neck:

The neck is without masses or unusual mobility. The trachea is midline.

Chest, Abdomen, and Back:

The chest and back are symmetric. The abdomen is protuberant.

External Genitalia:

The external genitalia and the anus are unremarkable.

Extremities:

The arms are normally formed. No track marks or ventral wrist scars are noted. The fingernails are short and dirty.

The legs are normally formed and have no edema, amputations, or deformity. The toenails are long, thick, have yellow discoloration, and are dirty. The feet are dirty.

Scars:

1. Multiple (at least 8) irregular, roughly circular scars are scattered on the back and buttocks, ranging 1/2 – 1-3/4 inches diameter
2. A 1-1/4 x 1/8 inch horizontally oriented scar is on the medial right upper arm
3. A 3/4 x 1/2 inch scar is on the medial left elbow
4. A 1 inch long linear scar is on the anterior right ankle

Tattoos:

Monochromatic tattoos are on the head, right upper chest, right upper back, left upper extremity, and bilateral lower extremities.

POSTMORTEM CHANGES

The body is well preserved, cold, and has not been embalmed. Rigidity is moderate in the jaw and extremities. Lividity is pink-purple, fixed, and in a posterior distribution.

EVIDENCE OF MEDICAL INTERVENTION

1. An endotracheal tube is in the mouth, secured by a strap; it terminates in the trachea, superior to the carina
2. A pulse oximeter is on the left earlobe
3. A 5 x 4 inch red ecchymosis is in the skin of the central chest
4. Defibrillator pads (3) are on the right upper chest, left lower chest, and left upper abdomen
5. Electrocardiogram pads (7) are on the chest and upper abdomen
6. The anterior rib arcs of the right 2nd and 3rd and left 2nd – 4th ribs are fractured
7. An approximately 6 cm long, 4 cm deep laceration (near transection) is in the caudate lobe of the liver, associated with an approximately 8 x 8 x 7 cm hepatic contusion
8. Approximately 200 ml of liquid blood is in the peritoneal cavity
9. An intravascular catheter is in the left antecubital fossa
10. A pulse oximeter is on the left third digit
11. Gauze and tape are wrapped around the proximal left lower leg, overlying an intraosseous catheter in the left tibia

EVIDENCE OF INJURY**Superficial Blunt Head Trauma**

1. A 3/16 x 1/8 inch red abrasion is on the right cheek
2. A 1 inch long linear superficial linear abrasion is on the left infraorbital cheek
3. No scalp contusions, skull fractures, epidural, subdural, or subarachnoid hemorrhages, or cerebrocortical contusions

Superficial Blunt Torso Trauma

1. A 1 inch diameter faint red-brown ecchymosis is in the skin of the right flank, with associated underlying mild subcutaneous hemorrhage
2. Multiple (at least 5) superficial linear abrasions are on the lower abdomen, ranging 1/8 – 1/4 inch long
3. Two linear abrasions are on the left flank, up to 1/4 inch long

Superficial Blunt Extremity Trauma

1. A 2-1/2 inch long, partially interrupted, healing superficial linear abrasion is on the anterior right forearm
2. Multiple (at least 4) superficial linear abrasions up to 1/8 inch long are on the anteromedial right wrist

3. A 1-1/4 inch diameter red ecchymosis is in the skin of the lateral right wrist
4. An approximately 1 x 3/4 inch vague red ecchymosis is in the skin of the posterior right wrist
5. A 3/4 x 5/16 inch curvilinear band of superficially abraded red ecchymosis is in the skin of the posterior proximal right hand
6. A 1 x 1/4 inch band of red ecchymosis is in the skin of the medial right wrist
7. Two healing superficial linear abrasions are on the posterior right 4th digit, up to 3/4 inch long
8. Multiple (at least 4) superficial linear abrasions are on the anterior left forearm, ranging 1/4 – 3/4 inch long
9. Two focally abraded, faint, vague bands of purple ecchymoses are on the medial left wrist; the most distal band has a central area of pallor
10. A 1/2 x 1/8 inch superficial abrasion is on the posterolateral left wrist
11. Multiple (at least 5) small abrasions are on the posterior left hand, up to 3/16 inch in greatest dimension
12. Multiple (at least 20) superficial linear abrasions are scattered on the right knee and right lower leg, ranging 1/16 – 1/2 inch long
13. Multiple (at least 15) superficial linear abrasions are scattered on the proximal left thigh, left knee, and anterior left lower leg, ranging 1/16 – 1/4 inch long

INTERNAL EXAMINATION**Body cavities:**

See "EVIDENCE OF MEDICAL INTERVENTION". The organs are in their expected anatomic position. The serosal surfaces are smooth, glistening, and without adhesions. The diaphragm is intact. There are increased amounts of omental, mesenteric, and retroperitoneal adipose tissue.

Cardiovascular System:

The heart weighs 450 grams and is enlarged. It has a globular shape with a smooth, glistening epicardium. The ostia of the left main and right coronary arteries are patent and positioned normally. The coronary arteries have a normal distribution with right dominance. The coronary arteries have no significant atherosclerotic stenosis and are widely patent.

The myocardium is red-brown, firm, and uniform without focal fibrosis, softening, or hyperemia. The atria and ventricles are mildly dilated. The ventricles are not hypertrophied. The right ventricle, left ventricle, and interventricular septum measure 0.4 cm, 1.2 cm, and 1.4 cm, respectively.

The endocardium is intact, smooth, and glistening. There are no thrombi within the atria or ventricles. The cardiac valve leaflets are of normal number, pliable, intact, and free of vegetations. The atrial and ventricular septa are free of defects.

The aorta is normal in course, caliber, and branch pattern and is without atherosclerotic change or dissection. The ostia of all major branches of the aorta are patent. There are no vascular anomalies or aneurysms. The vena cavae, pulmonary trunk, and pulmonary arteries are without thrombus or embolus.

Respiratory System:

The right and left lungs weigh 690 and 540 grams, respectively, and have the usual lobation. The pleura are smooth and glistening; the lungs have mild anthracotic pigment. The lungs are collapsed and congested. The parenchyma is dark purple and exudes moderate amounts of bloody fluid. The lungs have no consolidation, hemorrhage, infarct, tumor, abscess formation, gross fibrosis, or enlargement of airspaces. The bronchi contain no foreign material and have unremarkable mucosa. Pulmonary thromboemboli are not within any macroscopic branch of the pulmonary arterial vasculature.

Hepatobiliary System:

See "EVIDENCE OF MEDICAL INTERVENTION". The liver weighs 3920 grams and is markedly enlarged. The uninjured capsule is smooth and glistening. The parenchyma is yellow-orange, soft, and uniform without mass or palpable fibrosis.

The gallbladder contains an estimated 50-60 ml of bile and no stones. Its mucosa is uniform, and the wall is not thickened.

The pancreas has a normal size, shape, and lobulated structure. The parenchyma is pink-tan, firm, and uniform.

Hemolymphatic System:

The spleen weighs 130 grams. The capsule is smooth and intact. The parenchyma is dark purple-red, soft, and uniform.

There is no enlargement of the lymph nodes in the neck or body cavities.

The thymus gland is unremarkable.

Endocrine System:

The pituitary gland is not enlarged.

The thyroid gland is not enlarged, and the lobes are symmetrical. The parenchyma is uniform, firm, and red-brown.

The adrenal glands have the usual size and shape. The cortices are thin, uniform, and yellow and there is no hemorrhage or tumor.

Gastrointestinal System:

The esophagus and gastroesophageal junction are unremarkable. The stomach contains approximately 200 ml of dark red-brown fluid without visible pills or pill residue. The gastric and duodenal mucosae are intact and unremarkable. The small and large intestines and appendix are unremarkable to inspection and palpation. The mucosa of the rectum is unremarkable.

Genitourinary System:

The right and left kidneys weigh 180 and 190 grams, respectively, and have a normal shape and position. The cortical surfaces are smooth. The kidneys have the usual corticomedullary structure without tumors, abscesses, or cysts. The pelves and ureters are normal in course and caliber. The renal arteries and veins are patent. The bladder contains 200 ml of clear yellow urine. The mucosa is intact, smooth, and unremarkable. The bladder wall is not hypertrophied.

The prostate gland is of average size and has a homogenous tan parenchyma without nodules or masses. The testes are intrascrotal and have a homogenous tan-brown parenchyma.

Neck:

The strap muscles of the anterior neck and the prevertebral fascia have no masses or ecchymoses. The anterior neck soft tissues have no hemorrhage. The tongue is atraumatic. The hyoid bone and the cartilaginous structures of the larynx and trachea are normally formed and without fracture. The airway is unobstructed, lined by smooth, pink-tan mucosa, and contains no foreign material. The anterior aspects of the cervical vertebrae have no fractures, displacement, hypermobility, or crepitus.

Musculoskeletal System:

See "EVIDENCE OF MEDICAL INTERVENTION". The musculoskeletal system is well developed and free of deformity. The clavicles, sternum, spine, and pelvis have no fractures. The ribs are not brittle. The skeletal muscle is dark red and firm. The extremities do not have palpable fractures.

Head:

The scalp is atraumatic. The bones of the calvarium, base of the skull, and facial skeleton are normally configured and have no fractures or disassociations. The dura is intact and has no masses. The dural venous sinuses are patent. There is no epidural or subdural hemorrhage.

Central Nervous System:

The unfixed brain weighs 1430 grams. The leptomeninges are smooth, glistening, and transparent without underlying hemorrhage or exudate. The superficial cortical vasculature has no thromboses or vascular malformations. The hemispheres are symmetrical and have a normal gyral pattern. The gyri are not flattened and the sulci are not narrowed. There is no midline shift or evidence of herniation. The unci and bilateral cerebellar tonsils are without parenchymal softening, hemorrhage, or necrosis. The arteries at the base of brain have no atherosclerotic changes or aneurysms. The cranial nerve roots are symmetric and normally distributed.

The cortical ribbon is intact and is without contusion. The gray-white matter junctions are distinct. The internal capsules, ventricular system, deep gray nuclei, hippocampi, mammillary bodies, superior cerebellar vermis, cerebellar parenchyma, brainstem, and proximal cervical spinal cord are of normal configuration. The substantia nigra and locus ceruleus are normally pigmented. The brain parenchyma is without neoplasm, cyst, abscess, or hemorrhage. The cerebrospinal fluid is clear.

MICROSCOPIC EVALUATION

Tissues are submitted for histologic evaluation (unless otherwise specified, the tissues are only stained with H&E).

Cassette Summary:

1. Left lung
2. Right lung
3. Liver; kidney
4. Left ventricle, posterior wall
5. Left ventricle, anterior wall
6. Left ventricle, lateral wall
7. Right ventricle
8. Interventricular septum
9. Frontal border zone
10. Basal ganglia
11. Hippocampus
12. Pons
13. Cerebellum

Microscopic Description:**Brain:**

The cortical ribbon, basal ganglia, hippocampus, pons, and cerebellum are normally configured. Some of the neurons are slightly hyperchromatic and hypereosinophilic; rare neurons are also shrunken, hyperangulated, and have pyknotic nuclei. Blood vessels within the putamen are congested, associated with minimal extravasated blood. Alzheimer type II astrocytes (enlarged, naked nuclei with peripherally marginated chromatin) are scattered in the putamen. Vascular congestion is prominent in the pons and cerebellum.

Heart:

The basic cardiac architecture is retained. Many of the myocytes are hypertrophic with enlarged nuclei. The myocardium is without inflammation, necrosis, fibrosis, or hemorrhage.

Lungs:

The basic pulmonary architecture is retained. Vascular congestion is prominent; intra-alveolar extravasation of blood is patchy. Many of the alveoli contain edema fluid; some contain macrophages. Many of the larger airways contain sloughed epithelial cells, erythrocytes, and mucous. Many of the blood vessels contain optically clear vacuoles displacing erythrocytes. No polarizable debris.

Liver:

Macro- and microvesicular steatosis is severe and diffuse. The portal tracts are unremarkable. No fibrosis, lobulitis, or interface hepatitis.

Kidney:

The basic renal architecture is retained. Autolysis is mild. Rare glomeruli are globally sclerotic. Medullary vascular congestion is prominent. No other significant histopathologic abnormalities.

SPECIMENS & EVIDENCE RETAINED

Toxicology:

The following samples are retained:

- Peripheral blood
- Central blood
- Ocular fluid
- Urine
- Liver
- Bile
- Gastric contents

Tissue:

Samples of each examined organ / organ system are retained in formalin.

Photographs:

Facial identification, external overall, and photographs of selected findings are produced during the course of autopsy.

I have reviewed the autopsy photographs and I affirm that they accurately represent the body and autopsy findings as they were presented to me at the time I examined the remains.

Radiographs:

Full-body radiographs are obtained over 32 plates and show no obvious osseous pathology or trauma, aside from rib fractures described above.

Evidence:

The following items are retained in evidence:

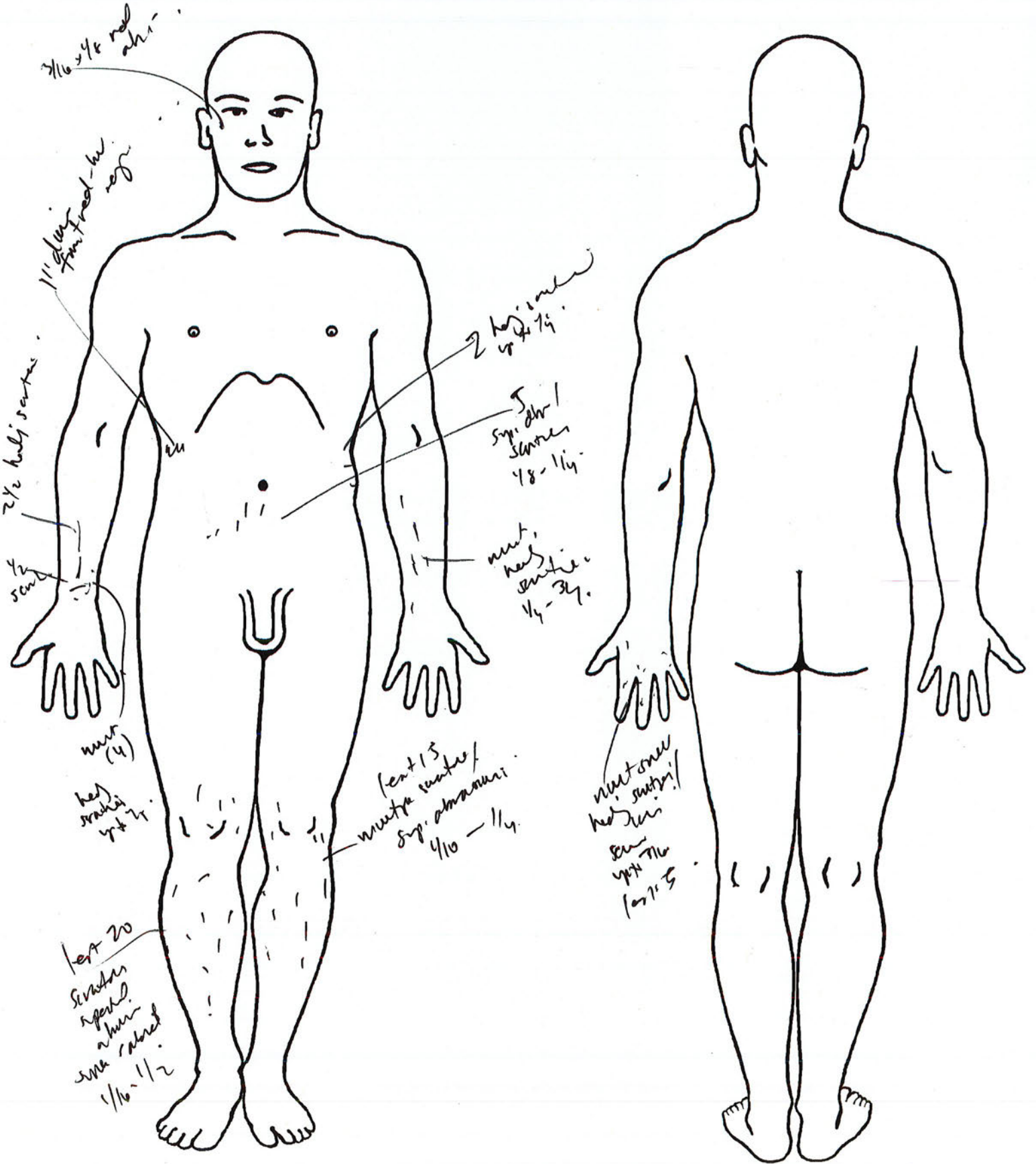
- Gunshot residue swabs
- Fingernail clippings
- DNA card
- Head hair
- Clothing
- Fingerprints

Alameda County

CORONER'S BUREAU

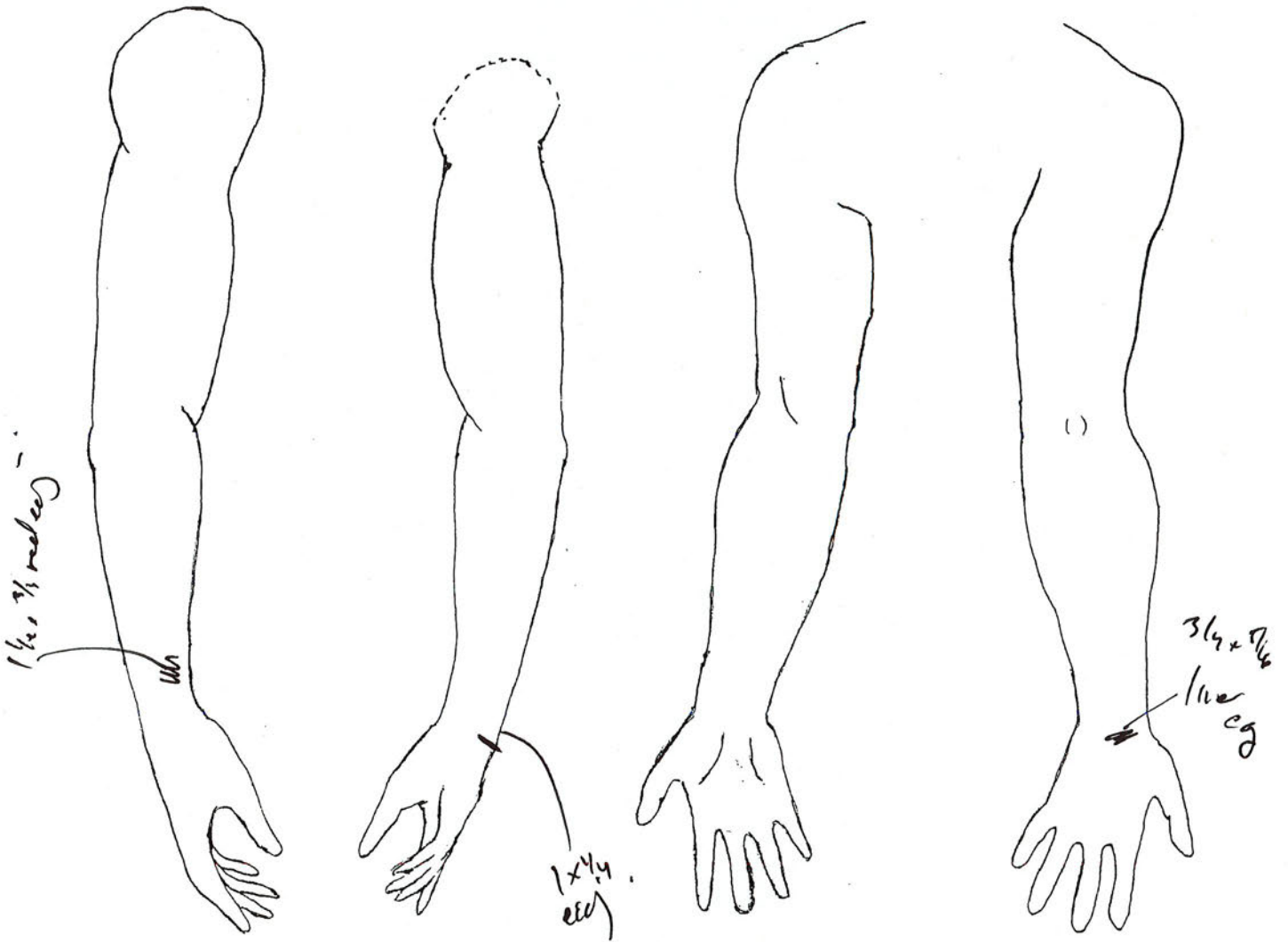
2021-02197 4/21/2021

GONZALEZ ARENALES
MARIO



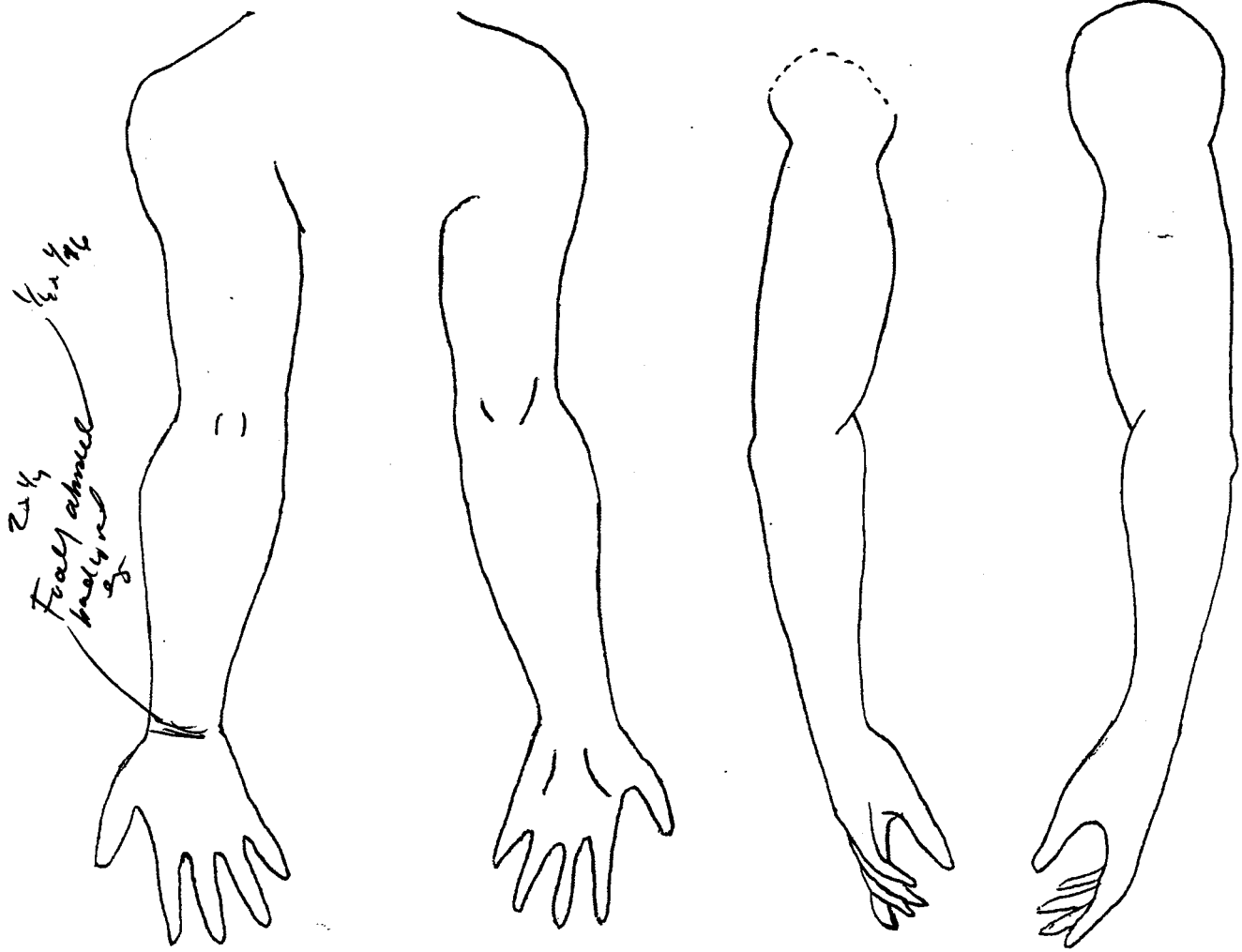


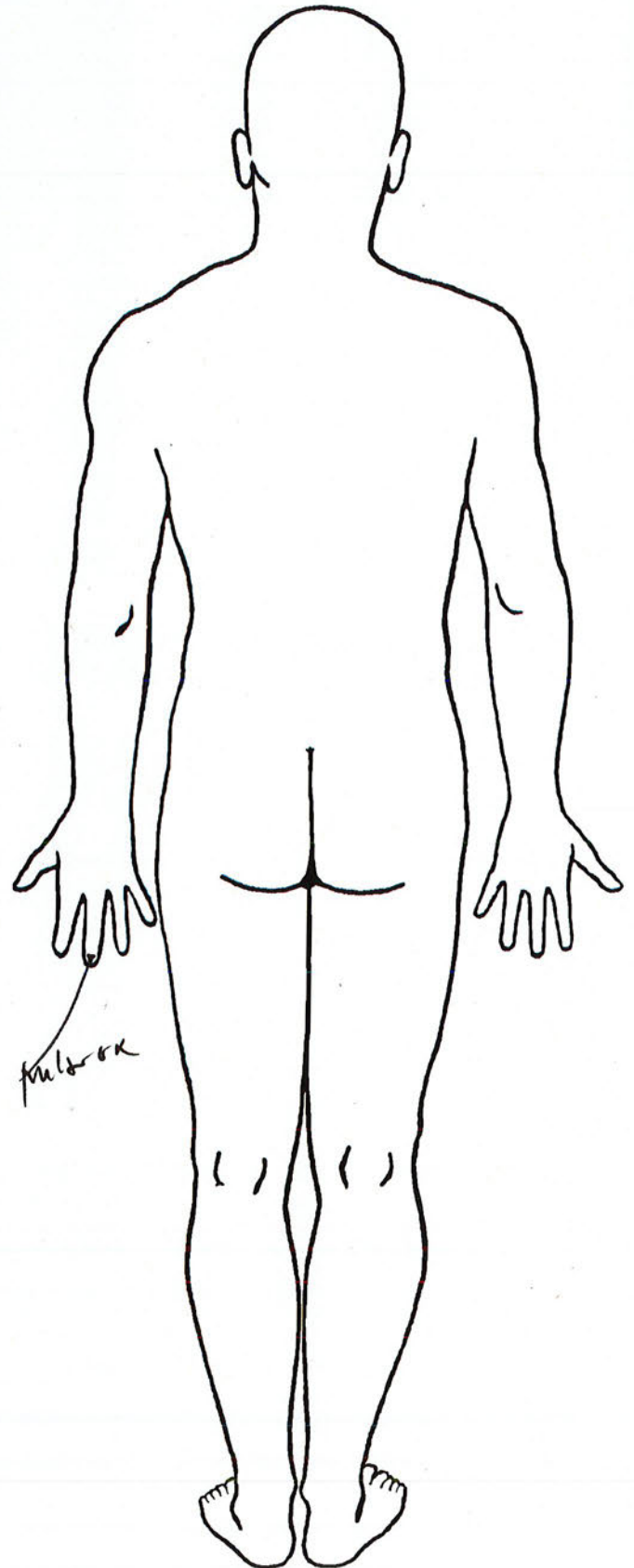
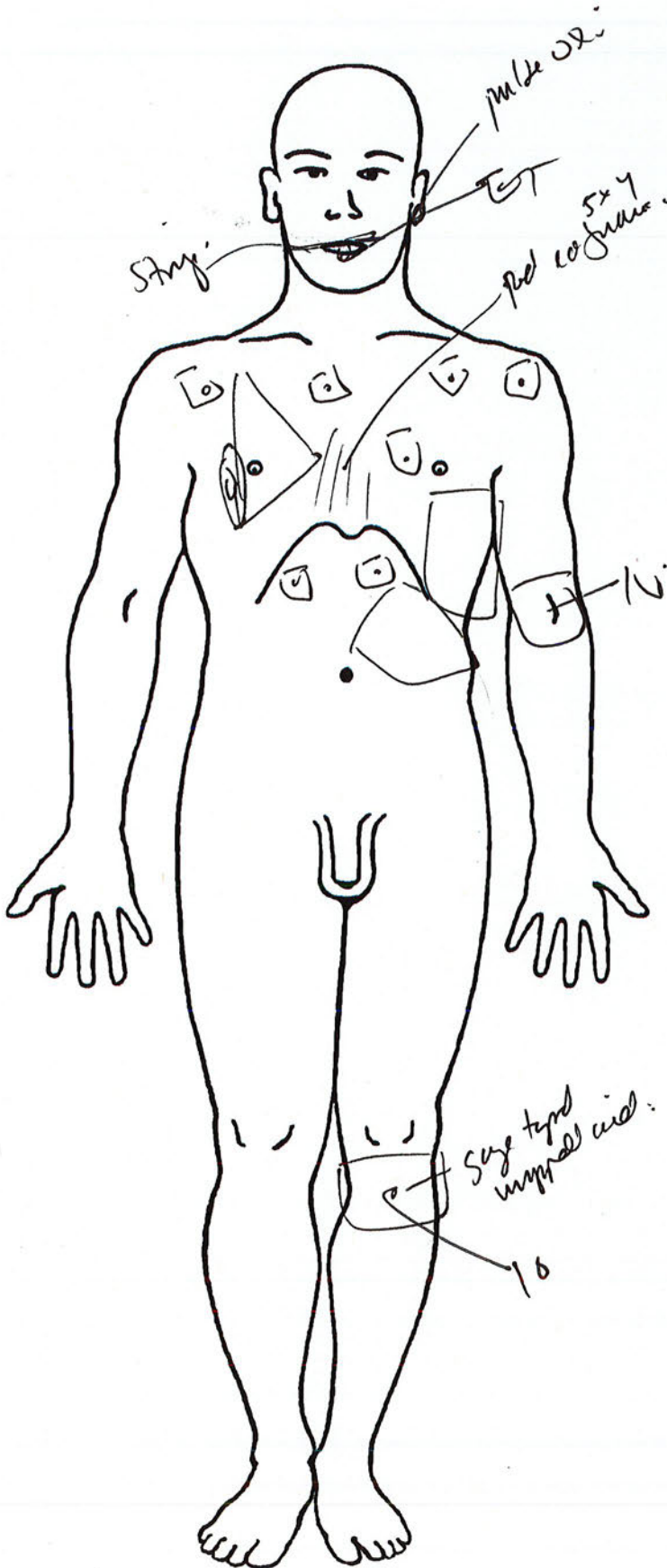
Right Upper Extremity



NAME GONZALEZ ARENAS
CASE# 2021-02197

Left Upper Extremity





Agency # 2021-02197

FORENSIC LABORATORY REPORT

AF # 2021-001683

To: Chief Pathologist Vivian Snyder
Alameda Co. Sheriff's Ofc - Coroner's Bureau

Sample Collection Date: April 21, 2021

Decedent: Mario Gonzalez Arenales

The following evidence was submitted to the Laboratory by a representative of the Alameda Co. Sheriff's Ofc - Coroner's Bureau on 4/27/2021 via Courier:

Submission 01: One sealed plastic bag with one container of blood. Attached paper work marked in part "Gonzalez Arenales, Mario".

Item # 01-A: One red screw cap container with approximately 35 mL of femoral blood.

The following evidence was submitted to the Laboratory by a representative of the Alameda Co. Sheriff's Ofc - Coroner's Bureau on 5/11/2021 via FedEx:

Submission 02: One adhesive sealed plastic bag with one tube of vitreous fluid. Attached paperwork marked in part "Gonzalez Arenales, Mario".

Item # 02-A: One red top tube with approximately 7 mL of vitreous fluid.

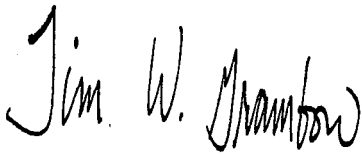
Service Request:

FP759X - Vitreous Panel - Vit

Confirmation/Screen Results

Analyte Name	Concentration	Method	Sample Type
Sodium	140 mEq/L	Abbott i-STAT	Vitreous Fld
Potassium	> 9.0 mEq/L	Abbott i-STAT	Vitreous Fld
Chloride	120 mEq/L	Abbott i-STAT	Vitreous Fld
Glucose	< 20 mg/dL	Abbott i-STAT	Vitreous Fld
Urea Nitrogen	22 mg/dL	Abbott i-STAT	Vitreous Fld
Creatinine	0.9 mg/dL	Abbott i-STAT	Vitreous Fld

Respectfully,



Tim W. Grambow, F-ABFT
Senior Forensic Toxicologist

Date of Report: May 17, 2021

Ascertain Forensics at Redwood Toxicology is accredited by The American Board of Forensic Toxicology (ABFT) and is recognized by the State of California as a Title 17 Forensic Alcohol Laboratory.

All samples, including the sample packaging, will be retained at the laboratory for one year after the date of report. After one year, the samples and packaging will be destroyed unless the client requests that the samples be returned or an alternate retention policy has been set up with the laboratory. The laboratory cannot ship controlled substances.

Comments

None

Agency # 2021-02197

FORENSIC LABORATORY REPORT

AF # 2021-001683

To: Chief Pathologist Vivian Snyder
Alameda Co. Sheriff's Ofc - Coroner's Bureau

Sample Collection Date: April 21, 2021

Decedent: Mario Gonzalez Arenales

The following evidence was submitted to the Laboratory by a representative of the Alameda Co. Sheriff's Ofc - Coroner's Bureau on 4/27/2021 via Courier:

Submission 01: One sealed plastic bag with one container of blood. Attached paper work marked in part "Gonzalez Arenales, Mario".

Item # 01-A: One red screw cap container with approximately 35 mL of femoral blood.

Service Request:

FP222B - Expanded Pnl (Confirm) - Blood

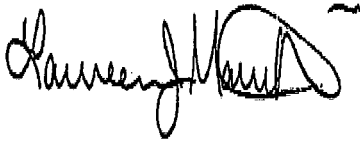
Drug Screen Results - ELISA

Drug Screen Classification	Result	Limit of Detection
Amphetamine \ MDA	Positive	20.0 ng/mL
Barbiturates	Not Detected	1.0 mcg/mL
Benzodiazepines	Not Detected	25.0 ng/mL
Buprenorphine	Not Detected	1.0 ng/mL
Carisoprodol	Not Detected	500.0 ng/mL
Cocaine Metabolite	Not Detected	50.0 ng/mL
Fentanyl	Not Detected	1.0 ng/mL
Marijuana Metabolite	Not Detected	10.0 ng/mL
Methadone	Not Detected	25.0 ng/mL
Methamphetamine \ MDMA	Positive	20.0 ng/mL
Opiates	Not Detected	10.0 ng/mL
Oxycodone \ Oxymorphone	Not Detected	5.0 ng/mL
PCP	Not Detected	5.0 ng/mL
Tramadol	Not Detected	50.0 ng/mL
Zolpidem	Not Detected	5.0 ng/mL

Confirmation/Screen Results

Analyte Name	Concentration	Method	Sample Type
Methamphetamine	907 ng/mL	GC-MS	Blood
Amphetamine	134 ng/mL	GC-MS	Blood
Naloxone	50 ng/mL	LC-MS-MS	Blood
Methamphetamine	Positive	LC-MS-MS	Blood
Ethanol	< 0.02 grams %	GC-Headspace	Blood
Acetone, IPA and MeOH	Not Detected	GC-Headspace	Blood

Respectfully,



Laureen J. Marinetti, Ph.D., F-ABFT
Laboratory Head

Date of Report: May 6, 2021

Ascertain Forensics at Redwood Toxicology is accredited by The American Board of Forensic Toxicology (ABFT) and is recognized by the State of California as a Title 17 Forensic Alcohol Laboratory.

All samples, including the sample packaging, will be retained at the laboratory for one year after the date of report. After one year, the samples and packaging will be destroyed unless the client requests that the samples be returned or an alternate retention policy has been set up with the laboratory. The laboratory cannot ship controlled substances.

Comments

IPA - isopropanol, MeOH - methanol

EXHIBIT 64

**Recording of Officer McKinley Second
Interview – see hard drive**

EXHIBIT 65

**Recording of Officer Leahy Second
Interview – see hard drive**

EXHIBIT 66

RPLG

Renne Public Law Group®

[REDACTED]

**Transcript of Audio Recording of:
Second Interview of Officer Eric McKinley
(04/14/2022)**

Case: Audio Transcription re: McKinley, Eric GMT20220414-171336

Reporter: Debi Devitt

P.O. BOX 85
Penn Valley, CA 95946



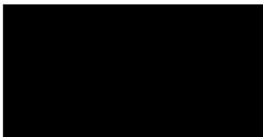
INTERVIEW OF ERIC MCKINLEY
(Conducted by Attorney Linda Ross)

GMT20220414-193805
THURSDAY, APRIL 14, 2022

TRANSCRIBED BY:
DEBI DEVITT

PIONEER TRANSCRIPTION SERVICES

P.O. BOX 85
PENN VALLEY, CA 95946



LR: So, this Linda Ross of Renne Public Law Group, and it is Thursday, April 14, 2022. We are at City Hall in the City of Alameda in the third-floor conference room. This is a second interview with Officer McKinley of the City of Alameda Police Department. The original interview took place on August 25, 2021, and we are here pursuant to a Notice of Interview dated April 7, 2022, sent to with Officer McKinley, which included a copy of the transcription from the original interview from August 25, 2021. So, this is an administrative interview into the events that occurred on April 19, 2021, in connection with the death of Mario Gonzalez. Here today with us—with me, I'm Linda Ross, I'm a partner in the Renne Public Law Group. Here today with me is Sofia Cutler, a paralegal at our firm, and present is Police Officer McKinley and counsel, Alison Berry Wilkinson. This interview is being tape recorded by us and Officer McKinley is also tape recording. So, did you want to make a statement?

AW: I did, thank you very much, Linda. I just wanted to note two things at the outset. Once we received the Notice of Interview from the city, I conferred with a representation of the City Attorney's Office who confirmed that this interview is compelled and required by them; his attendance is required here and his obligation to answer all questions posed by you truthfully and completely under pain of insubordination was confirmed by them. So, I just wanted the context of the interview to be clear for the record that it is not a voluntary interview in the legal sense of the word. He is here to cooperate and provide the additional information that you need—understanding that the events occurred almost a year ago, he has been interviewed twice since then, which would include the time on August 25, 2021, that we did the internal investigation interview and then as well his interview with the Alameda County Sheriff's Office, which was immediately following the incident on April 26, 2021. In preparation for this interview, he did review his—the transcript that you provided of his prior statement during the administrative investigation; reviewed as well the transcript that everyone is in possession of, of the ACSO [phonetic 00:03:54] interview but of course time has passed and I'm sure everybody understands that memories fade as time goes by and, so, some of his recollections may need to be refreshed or may not be as clear as they were at the time of the events, just through the normal course of what occurs in human experience. There are a number of other materials out there in the public domain, some of which he has seen as they came out and then over time, but not necessarily were reviewed in preparation for the interview which would include the body one camera footage, the coroner's report, and most recently the report from the Alameda County Sheriff's office, so, while my client need to be familiar with those he was not focusing on those as part of the preparation for this interview, understanding that the interview itself was to be a second interview from his earlier one. Thank you.

LR: Okay, thank you. All right, so that statement answers a number of my preliminary questions. So, I'd like to go back to the prior interview and, at the beginning of that

interview, you were given a series of admonitions and all of them apply as well to this interview. I'm not going to go through them in detail, but, in short, this is an administrative interview done on behalf of the Alameda Police Department. We were asked—our law firm—to conduct an independent investigation into the events of April 19, 2021. You were directed and you are directed to answer fully and truthfully and candidly to all questions being asked, but if you do not know the answer to the question or cannot recall the answer, please say so, and not guess at anything. And then, of course, as stated in the Notice of the Second Interview, neither your statements nor the information you provide can be used against you in a subsequent criminal action should there be one—we don't know of one, but it could not be used if there were one. And as your counsel had said that you did review—had an opportunity to review your prior interview transcript of the interview in August 2021. Is that correct? You had an opportunity to do that?

OM: Yes.

LR: All right, I'm going to ask you some questions focused on the moment in time when you began to struggle with Mr. Gonzalez in order to handcuff him. And so, I'm asking about two different time periods. So, at first you were standing—you and Officer Fisher—with Mr. Gonzalez struggling to handcuff him. Do you have any estimate of how long that went on before you were on the ground?

OM: My estimate would be about two to three minutes.

LR: And then once you all were on the ground, do you have any estimate of how long you were struggling until you were able to get both handcuffs onto Mr. Gonzalez?

OM: My estimate for that would be 40 to 60 seconds.

LR: And then once you had both handcuffs on him, what is the estimate of how long after that, when you were on the ground, that Mr. Gonzalez became nonresponsive?

OM: Three to four minutes.

LR: So, the body camera tape reflects a conversation where you and Officer Fisher talk about bringing Mr. Gonzalez in the wrap and I just want to get a little more detail on the wrap—so, wrap is W-R-A-P. What is that short for?

OM: I don't recall the definition of the acronym right now.

LR: Okay and why was it that you planned to put him in the wrap?

OM: Because of his continued physical resistance and thrashing. I wanted to make sure that he was safe while we were restraining and transporting him.

LR: And what about the wrap makes somebody safe for transport?

OM: The restriction of movements so they can't kick their legs or thrash their torso around by affixing their legs to one another and locking their knees in a straight position and also bending the torso so that it's—so the body's in the L-shape so there is no room to extend the torso.

LR: Let's go over that a little bit more slowly because I want to make sure I get all of the elements down.

OM: Okay.

LR: Okay so the purpose of the wrap is—slow it down for me, okay, so I can write it down—is to secure a person in what respect?

OM: To limit the person's range of motion for their safety and the safety of the officers.

LR: And in particular what does the wrap secure?

OM: It secures the ankles, the knees, and the torso.

LR: And is there a certain position you have to get a person into before applying the wrap?

OM: Yes.

LR: What is that?

OM: That's the prone position.

LR: The prone position being what?

OM: Face down.

LR: So the person has to be face down—

OM: Yes.

LR: . . . to put the wrap on? Okay. And then what about the legs—is there any particular position?

OM: They would be held straight.

LR: Held straight in what respect?

OM: In what respect—the opposite direction from the head.

LR: Oh, I'm sorry—I misunderstood you.

OM: Straight and parallel to one another.

LR: The legs?

OM: Yes.

LR: The legs—okay, I misunderstood that, okay. What about the crossing of the ankles, is that part of it?

OM: It can be. It's for the initial control, for control of the legs.

LR: And so, what is the procedure—how many police officers are recommended for the wrap to be applied? How many police officers being involved, or recommended?

OM: So—can I ask you, is this for your own edification about how the wrap is applied or for my knowledge of how the wrap is applied?

AW: I think she's looking for your knowledge of how the wrap is applied?

OM: Okay, because I have answered that question before, it takes three to four officers, maybe more depending on the resistance of the person.

LR: And are the officers in a particular position—do each of the officers take a particular position, vis-à-vis the person?

OM: Yes.

LR: What was that?

OM: Yes, usually at least one person would be controlling the legs—usually one person is in

charge of positioning the wrap and getting it laid out, while the other—while the person is restrained. One person is in control of the legs and two more are on the torso. One of the people on the torso can also assist the person that's working with the legs to attach the leg wrap. After the leg wrap is secured, the person is rolled over into a seated position. The torso [unintelligible 00:13:31] is placed over the subject and at that point the officer in control of the torso is behind the subject supporting the subject's back with their body, so they're in a seated position.

LR: Let me just state for the record, here. It may be that some of the questions will overlap with questions that were asked of you before, but the point here is that we want to get a little more detail about things, so it may in fact overlap, all right? So don't be surprised. Okay, in terms of training on the wrap, what kind of training did you have as a police officer on the application of the wrap?

OM: So the wrap is something that is not used statewide, so it's not part of Academy training. It's used department-by-department and so I was trained on it during my field training program when I was hired here. And then subsequently on, I believe, on an annual basis with our defensive tactics updates, application of the wrap was practiced in our training updates.

LR: And as part of your training, were you instructed in how long somebody could be secured face down before putting the wrap on?

OM: Before putting the wrap on?

LR: Right. Is there like a time limit to somebody remaining in that prone position—

AW: Prone position.

LR: . . . right, was there any training that would—because what you said is you have to be in a prone position to get the wrap on, correct?

OM: Yeah.

LR: So, is there any part of your training, any time limit on that—how long a person can be kept in that position for putting the wrap on?

OM: To my recollection, there's no minute or second rule to that, but as the—it's designed to be a minimal time. So as little time as necessary.

AW: And you're talking about just during the application of the wrap itself?

LR: No, getting—my understanding is somebody putting the wrap on, you'd have to have somebody in the prone position, right, and so, my question, like, from the beginning of putting somebody in the prone position to getting the wrap on, was there any particular—was there training on the particular timeframe that was—

AW: [overlapping/unintelligible 00:17:01] it may have been my misunderstanding the question—does your answer still apply with that?

OM: Yes, there's no rule on minutes or seconds as there are for other requirements of the wrap.

LR: And going back to April 19th of last year, you know there's that dialogue about waiting for the wrap or getting the wrap—probably not quoting exactly, did you have reason to think that there was a wrap readily available?

OM: Yes.

LR: And why was that?

OM: There's a wrap in the trunk of every patrol car that is checked during our morning checks, before we start patrol, so I had one in the back of my vehicle. Officer Fisher, I believe, had one in the back of his vehicle and I was confident that the next officer on scene also had one in the back of his vehicle.

LR: And so, when you had the two of you—you were on the left, Officer Fisher on the right, and Officer Leahy securing the legs, so did you anticipate that you wouldn't have to wait for another officer to arrive and to get the wrap?

OM: Yes.

LR: And what was your view of how quickly another officer would arrive and get the wrap?

OM: I believed that—I believed it would be very quick because of the circumstances heard on the radio. I know that my fellow officers and I—when we hear a struggle like when it's broadcast on the radio—that we would make an effort to be there quickly. So, I didn't expect there to be any extension of time—maybe 30 seconds from when Officer Leahy was on the scene.

LR: Thirty seconds from when Officer Leahy called for more support, or . . . ?

OM: Oh, no, I—my confidence was at that point that every officer that was available was on

their way.

LR: And why was that?

OM: Because of the, as I mentioned, the struggle that was on the radio and our inability to put out traffic, we're trained to start heading in the direction of any incident where officers are able to make [unintelligible 00:20:03].

LR: So, going back to the amount of time that somebody could be kept prone while you're waiting for the wrap can be applied—when you say, as little as necessary—necessary as to what?

OM: Necessary to apply the wrap.

LR: To apply the wrap?

OM: Hm-hmm [affirmative]

LR: Or, and how does that relate to whether the person is still resisting?

OM: Well, if the person stops resisting and is cooperative, then there's no point in applying the wrap at that point unless I have some indication that that behavior will continue. If they become cooperative, then I don't have a reason to apply the wrap. So, if there is no resistance, I'm able to, you know, sit them up and walk them to the car, I have no reason to apply the wrap.

LR: So, for Mr. Gonzalez, there was a decision to keep him handcuffed in the prone position until the wrap arrived—and what was the basis for that decision?

OM: His ongoing resistance.

LR: And how did that manifest itself?

OM: He was kicking his legs and rolling his torso. Trying to roll over, trying to bring a knee up so he could press himself over into a different position.

LR: Okay, so, you were upper left-hand side?

OM: Yes.

LR: Okay, of Mr. Gonzalez. And you were, as I understand it, trying to secure his left arm?

OM: Yes.

LR: Behind him?

OM: After the handcuffs were applied, I was keeping his left elbow on the ground to prevent his torso from rolling over, so I wasn't in control of his hand at that point, because it was secure in handcuffs.

LR: Okay and were you able to see, from that position, what he was doing with the lower part of his body, with his torso, his legs?

OM: I didn't get a look at his legs, but I could feel his legs moving around. I could feel his body moving under—with my hand where it was.

LR: And what did you feel?

OM: I felt his hips moving around and his torso moving around in consequence of his legs still kicking.

LR: And how did you know his legs were kicking?

OM: That was the only purpose he had, so that was the only way that his torso could be moving the way it was. He didn't have his arms to move his torso around, so . . .

LR: And when you say his torso was moving, was it moving left to right or up and down?

OM: It was both. He was both lifting his hips off the ground and kind of wiggling left to right, but also because he was kicking with his legs, his torso was moving laterally along the front.

LR: Okay, so I understand the part about lifting his hips off the ground, but the part about moving left to right, again, what did you attribute that to?

OM: To him moving his legs, to moving his knees—so, imagine if you are in an Army crawl position, but you don't have the use of your arms, and you're using your legs only your torso is going to move the opposite direction that your legs are moving.

LR: And you said that you thought his legs were moving left to right?

AW: I don't think that's what he said.

LR: No, I'm sorry, that's what I'm trying to—

OM: He was putting pressure with his legs—that he was using, forcing his legs, it was traveling up his body.

LR: And, to be clear, that's your perception based on your vantage point, not your observation—

OM: Yes.

LR: . . . looking back?

OM: Correct.

LR: Right, as we've been asking about, it's just—my understanding is you—this is based on what you felt, right?

OM: Yes.

LR: As the person on the left, securing his arm, right—not looking back at what was going on behind you [inaudible 00:26:37]?

OM: Correct.

LR: Okay, good. Does anything Gonzalez do—you consider it an assault on you or on other officers?

OM: Sorry, I'm reviewing the entire—

LR: Let's focus on—oh, okay—

OM: You were talking about after handcuffing or what—

LR: Yeah, go ahead. The whole time, that's fine.

OM: Okay. No.

LR: Okay and based on what Mr. Gonzalez was saying, did you ever view any of his language to be a threat that he would assault you?

OM: No.

LR: And did he do or say anything that caused you to believe that he was possibly going to escape custody?

OM: Yes.

LR: What was that?

OM: His continued resistance and trying to place his hands in front of his body and his waist band while we were attempting to detain him; pulling away from us; turning away from us; trying to get his hands out of our control.

LR: And this was—what you described—is that what he was standing, or—

OM: Yes, that's when he was standing. And then once on the ground, he continued to try to keep his hands underneath himself. I believed he may have been trying to access something in his waist band, or be able to push himself up to escape.

LR: So, after the point when he was handcuffed, what did you think was possible in terms of him being able to escape custody at that point, after he was handcuffed?

OM: We didn't—maintain control of him? Is that what you're asking?

LR: Well, like, just what was he doing that made you believe—if you did—that it was possible he could escape custody at that point?

OM: Oh, yeah, he kept trying to roll over so if he'd get into a seated position he could stand up, in handcuffs, and flee at that point.

LR: All right, so, after he was handcuffed, he kept trying to roll over—was that, like, trying to get on his side? Is that what you perceived, or how was he trying to do that?

AW: Sorry—do what?

OM: To roll over? Initially, yeah. That would be the start of getting onto his back and being able to sit up if he did roll to his side first, yeah.

LR: Then, did you also—was he also—and, again, I know you weren't looking, I know you were just kind of feeling what was going on, right, and was he also trying to pull his legs under him?

OM: Yes, so that was when he was lifting his hips off the ground, that was my impression that he was pulling his knees up.

LR: And was—did you perceive that as an effort to do what?

OM: To get up, to get away.

LR: Did you ever think that it might have been—he was—did you ever think it might have been an effort to be able to breathe better?

OM: No, because as I mentioned in my previous statements, he was talking and the strain in his voice was concurrent with his physical strength and the stress of trying to roll over. It was, to me, an indication just of his exertion not that he was under any duress.

LR: So, did anything about his stature, his size, play a role in your perception of whether he was able—possibly able to escape from custody?

OM: To escape from custody—after the exertion that he put into resisting and our difficulty restraining him, I believed that he would be able to escape if we gave him any leeway with his body.

LR: And what did you think that had anything to do with his size?

OM: Yeah, he was a big, strong man and had, you know, had the concurrent muscles to resist our efforts to restrain him.

LR: What about the fact that he was an obese person—was that a factor that weighed in favor of thinking he might be able to escape or that he was so obese that he probably wouldn't be able to?

OM: So, I think that you might be asking the question of escape in terms of, like, run away and never see him again, my definition of escape would be getting into a position where we no longer have physical control over himself—over him—and that he was in danger of hurting himself because he's handcuffed. If he trips and falls—if he was able to get up from that position and trips and falls and cracks his head open—because he's handcuffed, to me, that's escape and so, yes, I believe that he was able to not out-run me but get into a position where he would be able to harm himself.

LR: So, I want to ask a little bit more about the kicking. So, my understanding is, while he was handcuffed, he didn't kick you, right?

OM: Correct.

LR: That you were up on the upper left near his left arm?

OM: After the handcuffs were—

LR: All right, had he kicked you before that?

OM: Not to my recollection. There was a tangling of legs before—as we were attempting to place him on the ground and a lot of that was stumbling on all three of our parts, so if he kicked me or I kicked myself or something of that sort, I don't think anything was intentional.

LR: And while he was—after he was handcuffed, did you think that he would be able to kick you?

OM: To kick me?

LR: Yeah.

OM: From the position I was in, no.

LR: And is that because—

OM: I was far enough from his legs that he wouldn't have been able to reach me. My concern with him kicking was that he would be able to kick himself into a position, like, onto his side where he would be able to kick me. So, if he was able to roll onto his side then, yes.

LR: And while he was on his side would he have been in a position—

OM: Oh, yeah, because at that point he would have been able to bend his torso and bring his legs closer to me. If, for example, he'd rolled to his right side he would have been facing me, and he'd have been able to bring his legs up and either kick me or push away from me to—so that I would lose my grasp.

LR: Okay, so you'd gotten to a point where Mr. Gonzalez is prone on the ground and he's handcuffed—did you make any attempt to put him in the recovery position at that point?

OM: Any physical attempt?

LR: Correct.

OM: Any physical attempt?

LR: Yes.

OM: Not until he was unresponsive.

LR: And did you make any verbal suggestion to anybody that you could put him in the recovery position?

OM: I did not. Officer Fisher did, twice—not until he was unresponsive, I should say.

LR: And did you think he should have been put in a recovery position at any point?

OM: I didn't think it was necessary.

LR: And why was that?

OM: Because of his sustained resistance. It would have been a risk to the officers [unintelligible 00:39:48] to put him in the recovery position.

LR: And that would be because why—how would it be different if he was in the recovery position?

OM: We would have lost control over his legs, as Officer Leahy indicated. And regaining that control would be a risk to any officer that attempted that.

LR: Okay, did you perceive that there was one of the three of you that led the decision to keep Mr. Gonzalez handcuffed in the prone position?

OM: In the prone position—I don't think any of us led the decision to keep him handcuffed—that was necessitated by his actions at that point—to keep him in the prone position—the discussion between Officer Fisher and Officer Leahy—Officer Leahy indicated that he wouldn't feel safe rolling him into the prone position because he'd lose control of his legs. That Officer Fisher would lose control of Mr. Gonzalez's legs.

LR: He said put him into the prone position—

OM: I'm sorry, into the recovery position.

LR: And did you have—did you think it wasn't safe because of what Officer Leahy said or was it based on your own perception in any way?

OM: Based on what Officer Leahy said and Mr. Gonzalez's ongoing resistance was confirmation of that. So, it was a combination of the two, led by Officer Leahy's statement.

LR: So, you talked about him resisting by, you know, bucking his hips up and moving from side-to-side, which you felt because you were up there on his upper left-hand side. Was he doing anything with the upper part of his body? With his arms—the upper part of his body?

OM: He was—occasionally he would—I'm not quite sure how to word it, but attempt to arc his back to lift his, you know, his shoulders up, occasionally, as well.

LR: While you were keeping—you said you had his left arm—his left arm was handcuffed, but you were keeping his arm on the ground because—

OM: His left elbow to keep him from rolling away from me, so if I didn't keep his left elbow on the ground, he would be able to roll his torso away from me, towards Officer Fisher.

LR: Did you try to make any assessment if Gonzalez's actions were to try to get, you know, him into a position where he could breathe more easily as opposed to trying to resist?

OM: No.

LR: Why not?

OM: Because, as I mentioned, I didn't have any indication that he had any difficulty breathing because of his ongoing conversation.

LR: And the, if you listen to the body camera tape, you can hear Mr. Gonzalez making grunting—groaning sounds, how did you interpret those?

OM: As I mentioned they were in conjunction with his physical action, so it was as if a weight lifter who was lifting weights might emit a guttural sound while exerting himself.

LR: Back to a question about the wrap, so, there was a plan to put Mr. Gonzalez into a wrap, in order to do that, would you have had rolled him onto his side to position the wrap under him?

- OM: Potentially. There are several ways to position the wrap, that was one of them.
- LR: And at that point would there have been the same problem with the possibility of him kicking?
- OM: Less, because we can apply—there's an ankle wrap—it's about a six-inch wide piece of Velcro that—with a buckle on it—that secures the ankles together before the leg wrap unit is installed. So that can be placed on the subject while they're in a prone position before they're rolled to the side.
- LR: Is it standard to first put the ankle wrap on? Or is that a decision that you make at the time?
- OM: Yes. That's the first step.
- LR: Did you say first step?
- OM: That's the first step of applying the wrap is to apply the ankle strap. I haven't been trained to apply it in any other order.
- LR: So back to the question about how long you'd restrain somebody waiting for the wrap—did you ever have a sense that you were getting to the end of that time when you could keep Mr. Gonzalez in a prone position waiting for the wrap?
- OM: No, not until, as I mentioned, that I noticed he was unresponsive because I was observing him—I was observing his breathing, I was observing his eyes, his speech, continuously, until he was unresponsive. Nothing in any of his actions indicated that he was not safe in the position he was in.
- LR: So, just another kind of—wrap up these questions about any threat that Gonzalez was going to get up and escape or assault—there were three officers present securing him, he had his handcuffs—he had his hands handcuffed behind his back, he was a big guy and he was talking to you, so putting all that together, why did you believe that he continued to be some kind of threat to escape or assault?
- OM: Because of his continued resistance. He did not stop trying to get up. He did not stop trying to roll onto his side. He gave no indication that he would stop that and, as I mentioned, my concern is not only for my safety, and my partner's safety, but also his safety, if he gets in a position where he could hurt himself. If he even gets into a seated position and then falls backwards from that position, because I wouldn't have control over him, that's something that I have to answer for.

LR: Then while Gonzalez was prone on the ground, you engaged him in dialogue, why did you choose to ask him his name and date of birth? Why did you choose those topics?

OM: There were two reasons for that: one is to distract him from the effort he was putting into that. I was trying to get his mind focused on something other than the resistance, so that we wouldn't have to continue restraining him. And the second was, as was in my statement, I knew, thinking forward, as I tried to as much as possible, that I would eventually have to complete a criminal arrest report and have that information available for myself so that I could do that and if he was at any point willing to talk to me and answer those questions, I wanted to be sure that I was able to get those from him because when dealing with resistive subjects, the window of conversation can be small to calm them down and I didn't want to lose that and be in a situation where I wasn't able to identify him.

LR: Did you consider, you know, focusing on giving him directions about what you wanted him to do as opposed to asking him name and date of birth?

OM: Yes, and I felt I had exhausted that and it had become apparent to me that he wasn't—he would not follow any directions based on the prior, at that point, 15 minutes, the conversation that I had with him, to follow the directions I gave him.

LR: Okay, let's take—can we take like a five-minute break to see if I have any further questions?

OM: [unintelligible 00:53:42]

LR: Yeah, okay.

OM: [unintelligible 00:53:44] the transcripts?

?: I will keep it on.

LR: Okay, so, we'll consider that to be the end when she says [unintelligible 00:53:52].

AW: Yeah.

LR: I will stop recording then.

[background chatter]

LR: I put mine on pause, as well, so.

AW: Thank you so much.

LR: It's not recording.

[background chatter]

LR: Okay, all right, we should be good. [00:57:16]

[audio end]

EXHIBIT 67

RPLG

Renne Public Law Group®

[REDACTED]
**Transcript of Audio Recording of:
Second Interview of Officer Cameron Leahy
(04/14/2022)**

Case: Audio Transcription re: Leahy, Cameron GMT20220414-193805

Reporter: Debi Devitt

P.O. BOX 85
Penn Valley, CA 95946



INTERVIEW OF CAMERON LEAHY
(Conducted by Attorney Linda Ross)

GMT20220414-193805
THURSDAY, APRIL 14, 2022

TRANSCRIBED BY:
DEBI DEVITT

PIONEER TRANSCRIPTION SERVICES

P.O. BOX 85
PENN VALLEY, CA 95946



LR: Okay. This Linda Ross of the Renne Public Law Group. It is Thursday, April 14, 2022. We are at City Hall in the City of Alameda. This is a follow-up or second interview of Officer Leahy. The original interview took place on August 19, 2021, and we are here pursuant to a Notice of Interview dated April 7, 2022 sent to Officer Leahy. This is an administrative interview into the events that occurred on April 19, 2021 in connection with the death of Mario Gonzalez. Here today is Officer Leahy. Is it Leahy or Leahy?

OL: Leahy.

LR: Leahy.

OL: Yes.

LR: And his counsel, Alison Berry Wilkinson and present from the Renne Public Group are myself, Linda Ross—I'm a partner there—and Sofia Cutler, who is a paralegal at the firm and is running our technology today. This interview is being tape recorded and the officer's counsel is also tape recording. Do you want to make a statement?

AW: Yes, thank you. As I did at the outset of Officer McKinley's interview, I would just like to note that it has been a substantial passage of time to prior statements were given, both of which Officer Leahy has had an opportunity to review in preparation for this interview. While there are other public documents that are available like the coroner's report and the DA's report, those were reviewed at the time of them coming out, but not necessarily in preparation for the interview here. So the focus was the prior statements that were given, and we are hopeful that you are understanding that because of the passage of time, that sometimes has an impact on people's recollections and abilities and he is going to do the best as he can here today consistent with the directive that the City gave to him, which was after we got the notice of the interview the City, through the City Attorney's office, confirmed that as with the prior interview that the Renne Public Law Group, this interview is held compelled, that he has an obligation to attend and answer the questions completely and forthrightly, and the failure to do so could lead to punitive action against him or an accusation of insubordination. So from a legal perspective, it is a compelled not a voluntary interview, although Officer Leahy is very committed to making sure that you have all the information that you need in order to assess the events that occurred. So someone shouldn't misinterpret this being an involuntary interview to mean he doesn't want to participate and assist; he does and he's happy to cooperate with your inquiry here.

LR: Thank you. So, you know, just to repeat the admonitions from last time. So preliminary to the last interview, you were given a series of admonitions and they apply as well to this interview. In short, this is an administrative interview by the Alameda Police

Department. We, the Renne Public Law Firm, have been asked to conduct an independent investigation into the events of April 19, 2021. You have been directed by the City to answer fully and truthfully all of our questions, but I want to say if you don't know an answer or can't recall what happened in any respect, please say so rather than trying to guess about something. As stated in the Notice of Second Interview, neither your statements or information you provide may be used against you in any subsequent criminal action should there be one and we don't know of one ourselves at this point. It sometimes may seem to you that I'm repeating questions that you've previously answered. I think there's probably some overlap between the prior interview and this interview; it's just the nature of it when you do a follow-up interview so please bear with me on that one.

OL: Sure.

LR: Okay. Most of my questions relate to the time when you arrived on the scene, and at that point Mr. Gonzalez was on the ground. We had Officer Fisher on one side, Officer McKinley on the other side, and Charlie Clemmons on his legs. So just to focus you, that's most of my questions are going to relate to that period of time.

OL: Okay.

LR: So from the time that you took over from Charlie Clemmons, approximately how long were you struggling with Mr. Gonzalez until he became unresponsive, to the best of your recollection?

OL: So before I get into estimating time, I'll say that I was strug-, the struggle continued from the moment that I took over from Mr. Clemmons to the moment he went unresponsive, so there, there was no lull in his level of combativeness from my perception, and obviously, that played into my thought processes and decision-making. But if, if you're asking me to estimate a specific amount of time, I would say my perception was about a minute-and-a-half or so. Okay. I don't know how consistent that is at this point with, with what the video shows, but my, my independent recollection is about a minute-and-a-half.

LR: Great. And it's, it's our understanding that there was a plan to put Mr. Gonzalez in the WRAP, and was that your plan from the time that you first became involved, or did it come up at some point later in that one-and-a-half minutes or so?

OL: So, I would be hesitant to say that it was my plan, independ-, solely my plan, but I am confident that it was a consensus that the three of us came to. That was influenced primarily by just my training and experience out on the field. When we are met with the type of resistance and combativeness that we were faced with by Gonzalez, it is very

common to utilize the WRAP restraint device to take that person safely into custody. So, yes, that is where my thought process was headed at the moment that I took over for Mr. Clemmons, but I do also recall right around the time that I relieved Charlie, I remember hearing Officer McKinley ask him if he could get the WRAP out of one of the vehicles—that didn't happen for whatever reason—but that confirmed my thought process in terms of I wasn't the only one who was thinking about the use of that device, and that happened pretty instantly when I took over from, for Charlie Clemmons.

LR: And how many times, prior to this incident, had you had occasion to use the WRAP?

OL: I think I was asked that in my prior interview, and I don't specifically remember but, I mean, if I had to say, we probably applied it anywhere from, you know, once every four to six weeks, me personally being involved in some way, shape, or form. So you take that, you know, over my almost three-and-a-half years' of experience with leading up to this incident, I don't know what that math would say, but with some regularity for sure. I would be hesitant to give you a specific number.

AW: I think that you did reference that at page 139. You were asked how often you had to use the WRAP and you said "that's a difficult question to answer. I don't know a specific number".

OL: I would say, with regularity, maybe 4, every 4-6 weeks. Me, personally, that's not obviously a number of, I only work half the week, right, so I can't speak for the department as a whole, but me personally I would say every, every 4-6 weeks.

LR: And how accessible are the WRAPs? Where are they kept?

OL: So, one WRAP is kept in the trunk of every patrol vehicle. It is the officer's responsibility who is assigned to that vehicle to make sure that that WRAP in their car is in working order. But in terms of accessibility, what I can say is for the three of us on scene actively struggling with a, a subject, it is not accessible for us to go and, yeah, you know, relinquish what control we have or kind of hit an arbitrary pause button so that we can go get the WRAP, and so it is also common practice for us to wait until a unit who is not directly involved in that control to bring the WRAP to us, but there is one in every patrol vehicle.

AW: Just, I turned the page on your transcript. You said there, "I personally have put one on maybe once every six weeks, seven weeks.

OL: Okay.

AW: About the same.

LR: So what training did you have in application of the WRAP? You know, when was it used and what was the procedure to use it?

OL: So we're trained regularly on the use of the WRAP. I know that it is a topic that comes up in every defensive tactics course that we go through. Minimally, that happens every two years as part of the state POST requirements for perishable skills, however, if I'm not mistaken, the most recent time prior to this incident where I received training on the WRAP restraint device would have been during a training block, I think, October or November of 2020. And there was a defensive tactics course that we went through at that time, and I think that was the most recent I've received on the WRAP. I'm sorry, can you repeat the second part of that question about its use?

LR: And what is the, what's the procedure for applying the WRAP?

OL: So when an officer or group of officers identifies the need for the WRAP restraint device, we are trained to have no more than three people involved with its application. You can argue a fourth to prepare the device and hand it to the officers that are actually doing the application, but in terms of people who have any actual control or hands, you know, on the subject, we're trained no more than three and that's for, specifically, for concerns around, you know, too much weight on somebody or positional asphyxiation, that kind of stuff. So we were trained to limit that to three people. They have to be in the prone position face-down on the ground before that device can be applied, and it begins with the application of the ankle restraint. So we're taught to cross the ankles and then apply the ankle strap as the first part of the WRAP. The WRAP has three separate components to it. There's the ankle strap, the leg restraint, and then the upper body harness, if you will. The ankle strap is the first portion of that, and they have to be in that prone, face-down position in order to apply that. That allows for a certain level of control so that it becomes safe to apply the second portion, which is the leg restraint. That particularly keeps the two legs together and keeps the knees from being able to be bent. Once those first two portions are applied, then we are trained to roll the person to the upright, seated position so that the, the upper body harness portion can be applied. And, and then once that device is applied, we are trained to ensure that they are seated, and it keeps somebody, again, in that seated position. We're trying to make sure that they're seated at an appropriate angle as to not restrict their breathing and to constantly monitor that breathing. Once all three portions are successfully applied, tightened appropriately, then it typically takes three officers to lift the subject, they actually have to be carried from that position because they are immobilized and unable to walk. So they have to be carried from that position and then placed in the patrol vehicle.

LR: And in this case, why, what informed your plan to put Mr. Gonzalez in the wrap?

OL: So the short answer of what might have informed that was my training and experience, having used the device prior and gone through these different defensive tactics courses, but specifically as it pertains to Mr. Gonzalez, which I think is what you're asking, as I mentioned in my previous interview, it was very obvious to me from the moment that I arrived on scene that the struggle had been lengthy, it had been continuous, and that was evident by their—they meaning Officer McKinley and Fisher's uniforms—are pieces of names tags and stuff like that strewn about. So it was obvious to me that the struggle had been significant and the struggle did not end until Mr. Gonzalez had gone unresponsive. So in those scenarios where there's no reasonable expectation that we are going to be able to stand the person up and under their own volition have them cooperate with walking themselves to the backseat of a patrol car, that level of resistance is so intense and continuous, again through my training and experience, it's common practice to utilize the WRAP restraint device, not just to make it possible for us to get them in the back of a patrol car, but to also prevent them from injuring themselves, which I think is a key component of that and was a key component in my decision making or my thought processes to use the WRAP restraint device. One thing I want to note is that Mr. Gonzalez was in cuffs prior to me arriving and the concern around that is if the person is able to break free from officer control, stand up, or manipulate their bodies too much, there's a potential for them getting hurt. I mean, if he had tried to stand up or get away and then lost footing, the potential for him to fall down, not be able to break his fall because his hands are behind his back in handcuffs, some of those safety risks are, were definitely at the forefront of my mind. So all of that influenced the thought process as to using the WRAP, but again, I'd say mainly influenced by the fact that he never stopped resisting.

LR: And in your training, is there any direction given to you about how long is permissible to leave somebody in the prone position waiting for the WRAP to arrive?

OL: So in my training, and I believe it's consistent with our policies, there is not a specifically defined amount of time, and I believe that is because every situation is dynamic, unique, and officers have to make case by case assessments based off what they're being presented with. So the short answer to your question is no, however, we are trained to, throughout the duration of any use of force, but particularly when somebody is prone on the ground or on the ground, we are trained to make frequent and regular assessments of their condition, their ability to breathe, whether or not they're exhibiting any signs of medical distress. So I don't know if that makes sense but no, not a specific amount of time but, yes, trained to be cognizant constantly of the person's condition.

LR: So, okay, it's our understanding that you were the person controlling or trying to control

Mr. Gonzalez's lower part of his body during the time of the struggle. Can you describe for us, in detail, what your body was experiencing during the time that you were struggling with him?

OL: Do you mean physically?

LR: Physically.

OL: Psychologically? Physically, okay.

LR: Physically.

OL: Yes. So from the moment that I took over in attempting to control his legs from Mr. Clemmons, like I said, that resistance never stopped. What that felt to me, on several, several occasions, I was being physically lifted off the ground, and I think that that's significant not only because of my own body weight but also because of all of the gear that I had on. Mr. Gonzalez was able to repeatedly, vigorously, with a substantial amount of force lift me off the ground, and every time he did that I kind of fell back down onto, onto his legs, but also onto the concrete where we were positioned, and I did sustain injuries on my legs from that, some scraping, cuts and bruises there. And so I was experiencing that, like I said, from the moment that I took control of his legs to when he went unresponsive. Because his attempts to, I think the word I used in the last interview was "buck" me off of him was, was consistent, it was constant, and I struggled the entire time to maintain control. I never had full control of his lower body. If had to estimate, I maybe had 60 or 70 percent control of his body, of his lower extremities. I did gain a significant higher amount of control once I was able to cross his ankles, which I would say is probably halfway between when I arrived on scene and when he went unresponsive. And, again, I did that in preparation as the first step to applying the WRAP restraint device. I don't know if you have more specifics about that, but that sustained resistance was constant.

LR: Okay. So we know that Gonzalez was handcuffed in the prone position when you arrived, and why did you decide to keep him handcuffed in the prone position until the WRAP arrived?

AW: Can I clarify? I think he said he was handcuffed already when he arrived. You said handcuffed when he arrived, so I think he was handcuffed before he arrived.

LR: Oh, I didn't mean that. When you arrived—

OL: Yes.

LR: Thank you. When you arrived, he was already handcuffed in the prone position.

OL: Correct, yes.

AW: Thank you.

LR: Okay.

OL: Yes.

AW: I think it—

LR: Yeah. So, yeah. So why—well, why did you decide that he should be kept handcuffed in the prone position until the WRAP arrived?

OL: So as I mentioned earlier, just want to make it clear that that was not a unilateral decision that I made. I'm confident that through our communication between the three of us officers that were involved, that, that was a decision that we together came to and were comfortable with. But I can explain my thought process there, which was—and I mentioned this in the last interview—any time we manipulate somebody's body, whether that be taking them to the ground, moving them from a prone position to a standing position, any, any manipulation to the body requires a certain sacrifice of control. And my concern because of what I was experiencing being lifted off the ground, him trying to buck my off, my concern was that if we lost any of the control that we had, he would have been in a position to either intentionally or, or not strike one of us with his legs. So to me, the—let me back up and say, if that had happened, my fear was that if we lost control and he was able to become more combative, more resistant, or even assaultive, that would have necessitated a higher use of force by us to regain the control that we lost, and under no certain circumstances did I want to have to resort to escalating the use of force because de-escalation tactics were ongoing. So I didn't want to create a situation that necessitated the use of a baton or the TASER or pepper spray. I wanted to ensure that we were using the lowest level of force possible, and we had enough control—not complete—but enough control given the control-hold techniques that we were using that ensured we didn't have to risk injuring Mr. Gonzalez by the use of another force option. Additionally, I didn't feel that it was appropriate to risk losing that control and risk having to use a higher level of force just to have to put him right back into that prone position to apply the WRAP. It seemed like an unnecessary gamble or risk, especially because at the moment there were no obvious signs of medical distress. Had there been, of course, my thought process would have differed, but there was no—as I mentioned in the previous interviews—no obvious signs of medical distress at that moment. And the

minute we observed those signs of medical distress, we, we changed what we were doing.

LR: So how, okay, I hear you saying that if he wasn't in the prone position, he would have been in the position to strike somebody with his legs.

OL: The potential was there.

LR: How, how would, how would he have done that? Describe to me, like if he was on his side, how, how would he have—could you still have been in control of his legs if he was on his side?

OL: Not to the same degree that I was in on the prone position, and the reason for that is the more that, again this just dials back to my training and experience, the more somebody is able to articulate their, their joints, their major joints like the hips, the knees, the ankles, the more difficult it is for an officer to control those extremities. I have to reiterate, like I did in my last interview, just the almost unnatural, almost, unhuman level of strength that Mr. Gonzalez was exhibiting. I don't, I can't tell you definitively why he, he was able to apply that level of resistance, but, again, if I was having such a difficult time controlling his legs in that prone position, I knew through my training and experience that maintaining control with him able to bend those, those joints of his lower extremities would have been far more difficult. And, again, my fear was that, that would have necessitated the need for a higher level of force and I didn't want to injure him. So that's primarily what influenced that, that thought process.

LR: Did you consider Gonzalez's actions an assault on you or the other officers?

OL: No, because we didn't allow him to assault us. I think that that's an important distinction. The potential was there, but we didn't allow it to happen, but absent our level of control, I'm confident that that would have happened, and that fear was consistent up until the point that he had gone unresponsive. I mean, we're, we're trained that we don't, we don't have to wait until we're assaulted to, to take preventative action. That's consistent with our policies, consistent with California law, and saw and, again, waiting to the point where somebody becomes assaultive changes dramatically how we respond, right. Which, again, the last thing I wanted to do was have to start striking him with my baton or tase him or pepper spray him so, or, or use body, personal body weapons like punching and kicking and, you know, that kind of. I didn't want to have to do any of that and so I don't know if that answers your question.

LR: And did Gonzalez ever use any language or say anything that you viewed as a threat that he would assault you?

OL: Well, I mean, what he was doing with his body I viewed as a threat.

AW: I think she was asking, did he verbalize anything?

LR: Yeah, did he verbalize anything?

OL: Oh. Not that I heard, but I also wasn't in a position to, to hear too clearly what he was saying. Officer McKinley and, and he were having—Officer McKinley was attempting to have a dialogue with, with Mr. Gonzalez.

LR: And did Mr. Gonzalez ever do or say anything that caused you to believe he was going to escape custody?

OL: Forgive my pause. I'm just thinking the question through.

LR: No, please. Don't feel like you have to answer right away. You can think about before you answer.

OL: Thank you.

LR: We're not on a—

OL: Okay.

LR: We're here. It's all right. The transcript doesn't show when we're not talking, okay?

OL: Great. Great.

AW: Feel free to reflect and answer.

LR: Yeah.

AW Completely versus...

OL: I'm sorry. Can you phrase the question one more time?

LR: Did Mr. Gonzalez say or do anything that caused you to believe he was going to escape custody?

OL: He didn't verbalize anything that made me think he was going to escape custody, but his level of resistance was an attempt to break free from our control. So, yes, absolutely

because his actions made me believe that he was attempting to get away from us and, you know, that's not to say that I thought he was going to be, you know, a fugitive at large running down the street, you know, without us able to catch up with him. That's not what I'm implying, but what I'm saying is that his attempts to break free from our control were absolutely an attempt to get away or not, not be taken into custody.

LR: Okay. So, you know, when we look at the body camera tape and we listen to it, we can hear Mr. Gonzalez making various sounds and some of them were described as guttural noises. Did that cause you any concern?

OL: So I, I specifically remember referencing this in the last interview. I was aware of the noises that he was making; I heard them. And consistent with what I said before, every time he made one of those noises it was directly correlated with his tensing of his body, his attempts to buck me off of his lower extremities, and his attempts to break free from our control. So for those purposes, for that reason—those two things happening in correlation with one another—I was not concerned that those noises were because of a medical, any sort of medical distress. Had those noises been present absent, you know, if he was just laying completely still and those noises were, he was making those noises then, of course, I would have been more concerned. That would have changed my perception of why he was making those noises, but I don't think it was a coincidence. I don't believe it's a coincidence that every time he made one of those noises, you know, I was either being lifted off the ground or he was tensing vigorously in the legs. That was my assessment of those noises at the time.

LR: And did you believe, at the time, that Mr. Gonzalez could have escaped while he was handcuffed? How, how do you think he might have done that?

OL: I think it's important to draw a distinction between, you know, could he have escaped custody all together versus his attempt, right. His attempts to escape were ongoing. Do I think that he would have been, like I said, you know, for lack of a better term, fugitive at large where we, he got away from us, we had no idea where he was? No, I didn't think that was a possibility. But breaking free of our control, absolutely that was a possibility because of how difficult of a time I was having controlling him. And as I mentioned before, there is significant concern with somebody who is handcuffed in a prone position trying to get up, losing their footing or not being able to successfully and then falling and landing on their face or hurting another part of their body; there is significant concern there too. So I think it's important to articulate that the need to keep him there until the WRAP arrived was not only to prevent his escape, but was also taking into consideration his well-being.

LR: So Mr. Gonzalez was a heavy-set person. Did you factor in that in terms of thinking of

whether he would be likely to escape control?

OL: Absolutely.

LR: In what way?

OL: Well, in my experience, some of the most difficult struggles have been with people who are heavier set because of their mass, their size, their underlying muscle strength. Often, it can be more difficult to control somebody who is of the physical characteristics that Mr. Gonzalez was. So that in-, that influenced my concern about the threat that he posed.

LR: If you had to characterize the possibility that he could have escaped, and by that, I mean, you know, breaking free of control, do you think, did you consider it to be possible at that moment or probable?

OL: I considered it likely.

LR: You thought it was likely?

OL: I did. And, I mean, I can't say that that was necessarily solely because of his heavier set nature. It was a combination of his build and, again, I can't emphasize enough the almost superhuman strength that he presented us with.

LR: All right. So back again to Mr. Gonzalez being handcuffed in the prone position. Did he manage to kick you?

OL: No. He was attempting to. Again, whether intentionally or not, he was thrusting his feet and ankles pointing upwards and had I not been able to maintain the control that I did, he would have stricken me at some point.

LR: When you say he was thrusting his feet and ankles, was he bending at his knees with his legs going up?

OL: Correct. So, correct. Because he was in that prone position, the articulation of his knees would have caused the lower portion of his legs to go upwards, pointing towards the sky, which had he been able to do that, it was not unlikely that he would have been able to strike me.

LR: And did you think that was possible or probable that that would happen?

OL: Because of how difficult of a time I had controlling his legs, I thought that it was

probable. And, again, that influenced my, my thought process about the WRAP because the WRAP completely immobilizes somebody's ability to do that. There's no other tool in our, in our arsenal, if you will, that immobilizes somebody's ability to articulate their legs like the WRAP.

LR: So I know you described these kicks as, you know, upward movements, you know, bending at the knee and then upward movement with the lower leg, right, the heels upward—

OL: Hm-hmm [affirmative].

LR: . . . can you say approximately how many times he did this upward kicking motion?

OL: I don't, I don't—I'm sorry.

AW: I think he said that he was concerned that he would be able to kick him that way. I don't think he ever said he raised his legs up.

OL: Well—

LR: I'm not sure about that.

OL: If, if I could clarify.

LR: Please.

OL: Especially a year after the fact, it's hard to give you a specific number. I would say at least 20 times did he try to bend at the knee and, and thrust violently upwards with the lower portion of his legs. He was never successful because of the level of control that I was able to maintain. I think, if that makes sense?

AW: Yes.

OL: Which is why in the video you don't see his legs coming upwards. I was able to control them to an extent, but, but it was significant, it was a significant challenge to, to maintain that control.

LR: Okay. So I just want to make sure that I understand the motion that he was attempting to make. It was bending. He was prone on the ground.

OL: Hm-hmm [affirmative].

LR: Thighs are against the ground and he's kind of trying to bend at the knee to kick his legs up towards a 90-degree—

OL: Correct.

LR: Forty-five or ninety degrees?

OL: As if, as if he was trying, let's just imagine a—what's a good analogy to put this—as if he was trying to touch his heels to his buttock.

LR: Okay.

OL: If that makes sense.

LR: Right. And so it wasn't a trying to pull his knees up to his chest?

OL: So there were moments where he was trying to do that as well, yes, but that was, that's separate from what I'm describing as, as the potential for me to be hit by his legs. There, there were moments, yes, where he was trying to bend at the knee so that he could almost prop himself up by bringing his knees closer to his chest, and there were moments where he was thrusting his hips upwards towards the sky to try to, to, to break free of my control.

LR: Okay.

OL: Much like any use of force, these situations are incredibly dynamic and so all of these things are happening almost simultaneously and not, that's what made this, made my task of controlling his legs so difficult was that all of this, he was using everything he had to try to break free from my control. So, yes, that involved bending at the knee, trying to, you know, thrust his heels and the lower leg upwards. It involved him trying to, you know, tuck his knees closer to center mass of his body so that he could prop himself upwards. All of these things were happening during that, you know, 90, 90 second window.

LR: And so we talked about, you know, again, I know this is just an estimate, trying to kick, do the upward kicking motion about 20 times.

OL: Roughly.

LR: How, how many times, if you can recall, was he trying to pull his knees up to his chest?

OL: Again, don't quote me on this number, but maybe five or six times did he try to prop himself up, upwards that way.

LR: Okay. And the bucking, how often?

OL: Well, the bucking was def-, was, was correlated—that, the bucking and the, the knee, the bending at the knees to try and kick upwards, those were almost, almost simultaneous, and that's what resulted in me being lifted off the ground. I think in the prior interview I may have estimated that I was raised off the ground and maybe 20, 20-30 times. It's hard to say.

LR: Okay. All right. And so the upward kicking motion where the heels are going up to the sky, again, what was the danger that you feared while that was occurring? What, what did you, what was the danger to you and, and what was the danger to him getting out of custody?

OL: Well, the danger to me was being, you know, struck on any part of my body. Again, his, his level of superhuman strength. I mean, had he been able to successfully come into contact with me, I, I believe that it would have hurt, at least. I mean, it's, it's hard to say. But I also think going back to my earlier comments, it's important to recognize that had he been able to break free from our control, potential for him to get hurt or hurt himself or us having to use a higher level of force, that potential was significant. It was probable and I have to reiterate our training and our policies that don't require us to wait until we've been assaulted.

LR: So I'm going to ask you some questions about the so-called recovery position. So a decision was made at some point, again, acknowledging the short period of time here, a decision was made at some point to keep Gonzalez in a handcuffed, prone position rather than roll him into a so-called recovery position. How was that decision made?

OL: Sure. Well, it was made collectively. I recall Officer Fisher asking me, and this was towards the end of that, you know, estimated 90-second window, towards the end of that, but I remember Officer Fisher asking me, "Hey, do you think we can turn him over? Roll him in his side?" Something to that effect. And my response was to him, "I don't want to lose what I've got." As I've clarified in both the CSO interview and the first administrative interview, although that was maybe not the best choice of words using police jargon, the purpose, what I meant by that, the purpose of it was, again, for every reason that I've articulated here today, I didn't feel it was safe to risk losing any sort of control because we would have had to use a higher level of force to regain it if we lost that control. At that time when, when I was asked that question, I did not perceive it to

be in response to Officer Fisher having observed a medical necessity for a recovery position. I interpreted that as, hey, it's a, we know it's a safer position through our training. Do you think it's safe to turn him over? What influenced my thought process there, to be completely honest was, A, the fact that he was in a perfect position to start applying the WRAP; and, B, I could hear that the next unit who was responding with a WRAP was just a couple blocks away. And after reviewing my body cam footage again, that was confirmed. Very shortly after Officer Fisher asked me, "Can we roll him on his side?" I said, "I don't want to lose what I've got." It was within seconds that Sergeant Mrak arrived and I asked her to retrieve the WRAP out of one of the patrol vehicles. So, I mean, if we, if we had, if we lived and worked in a jurisdiction where the nearest cover officer was 30 minutes away, that would have obviously changed my thought process there, but I knew that the nearest officer was a couple of blocks and I didn't, again, think it was safe to manipulate Mr. Gonzalez's body if it wasn't absolutely necessary. And, again, at that point there was no observed sign of medical distress. I think it's also important to note, as I did in my last interview and I just want to clarify, the term "recovery position." A "recovery position" is that; it's a recovery from some sort of observed need to put them in that position, right. I think we clarified in the last interview, to recover from something. And there was nothing observed to that point, up until the point that he had gone unresponsive, there was no clear indication that he needed to recover from something.

LR: Let me ask you about that. I mean, no matter what you call it, recovery position or something else, isn't it true that it's policy to avoid keeping somebody in the prone position unless necessary?

OL: Well, I think the key word there is necessary, and it absolutely was in this situation. Is it policy where we're trained to be aware. We're trained in, you know, it's our policy that we need to be aware and cognizant of what's happening with someone when they're in the prone position, but is there, is there a specific criteria for when we can and cannot or should and should not put somebody in the prone position? Not that applied here. This was an assessment that the three of us made collectively because the necessity was absolutely there. And I have to stress, a lot happened in that 90-second window or even before my involvement, right. You know, when, when from the point they went to the ground to the point where he went unresponsive, a lot happened. But that, that time window I, I would not confidently say that that was an extended period of time to keep him in that, that prone position. One of the trainings that I have to fall back on, and I referenced this in the last interview, we, we talked about how, you know, what, what factors played into the decision to keep somebody prone and, and one of those major factors was their level of resistance and combativeness and the threat that they are posing, not only to the officers, but the level of threat that they're posing to themselves. That's part of the training we received in October or November, if I'm not mistaken, and so had

it been safe to do so, if Mr. Gonzalez had reduced the level of resistance and strength and force that he was exhibiting by 50 percent, it may have been safe to do, to, to roll him over onto his side. But I want to stress, I think just that key important term that, that you mentioned—necessity. The necessity was absolutely there. I don't know if I've articulated it as well.

AW: You did. I'd also note that only placing him, keeping him in the prone position when necessary is not what the policy says. It says don't, don't have multiple officers on top of someone in the prone position and don't do it for an extended period of time. It doesn't limit the use of prone to necessity.

LR: And so what is your interpretation of that "extended period of time." What does that mean? Don't keep him in.

AW: I think you've already asked him what, what's the amount of time that you understand that you're allowed to do that.

OL: I mean, I'll, I'll clarify—not clarify—reiterate something that I said in the last interview as well, which is we don't determine the level of force that we use. We don't determine what is necessary and what's not necessary. We directly respond, and this is through our training, from the academy training to defensive tactics training to ongoing continued professional training, we're trained to respond solely to the level of resistance and the actions of the suspect. I just want to—

LR: Is there some period of time that you view—okay, it's policy not to keep someone prone for an extended period of time. So is there some period of time that you look to in terms of determining what is an extended period of time?

OL: I would not be comfortable giving you an estimate on that. What I can tell you, tying back to what I just said is that decision is heavily influenced by what we're being faced with. If somebody has stopped resisting all together and they've already been prone for a minute, two minutes, three minutes, and there's no longer any resistance, then I think keeping them in that position beyond that lack of resistance would be extended unnecessarily, if that makes sense. But I guess the way that I would view that is, that term, "an extended period of time" is directly correlated to what we're being faced with and what we, what we're having to overcome. I don't think there can be an expectation to put a specific time frame on that just because these situations are so unique, dynamic, circumstantial, and case by case.

LR: Right. But what I heard you say is if you hadn't believed that the WRAP was close that you wouldn't necessarily have continued to hold him in the prone position.

OL: No. No. I would have had to be, I think it would have been incumbent upon us to start seriously considering how we were going to get him in the back of the car without the use of the WRAP. I mean, if the WRAP had been, if the WRAP was 30 minutes away, it wouldn't have been an option, right. But it was an option because we knew it was, it was not far. So I hope there wasn't a misunderstanding there with my previous statement. My thought process in terms of keeping somebody prone, keeping Mr. Gonzalez prone was not—I'll leave it at that.

LR: All right. So, again, more on the WRAP.

OL: Hm-hmm [affirmative].

LR: So there was a plan to put him in the WRAP and would you have rolled him onto his side to properly position the WRAP under him? And if so, wouldn't there still be the same danger of him kicking?

OL: No.

LR: Why not?

OL: For two reasons. Rolling him on his side—well, let me back up. Once the first part of the WRAP is applied, and that's the ankle strap, that's applied in the, the very position that we were holding him in face-down, prone, ankles crossed. That, in and of itself, significantly decreases their ability to articulate the lower extremities and potentially become assaultive to us. So that's number one. Number two would be the fact that once that, that ankle strap—I almost wish we had a WRAP with us so we could show you—that ankle strap has a handle so that you can actually slip your hand through it and lift up the handle, lift up the ankles to create space between the ground and the knees. And so to apply the second portion of the WRAP, there are two options. The first option is to very briefly, very momentarily roll them on their side and then roll them back prone, just enough time to get that second portion to slide underneath the legs. But the other technique, and I would argue probably the more commonly used technique, is to, once that ankle strap is on, use that handle on the ankle strap to lift up the legs so that an officer can slide the second portion, which is the, the, the leg restraint, underneath him and then put the knees back down. If I can—I don't know if this will help you.

AW: I think you've explained it.

OL: Okay.

AW: I don't think you need to make a drawing.

OL: So during the application of the WRAP, there's actually not a moment where they are rolled onto their side and kept in that position. When it comes time to roll them, that's in the process of getting them seated into an upright seated position. So they're rolled onto their side. While we continue that roll, so they're seated flat on their buttocks, that's when we seat them upright. So I just want to be clear. In that application of the WRAP, there's not a moment where officers would have somebody for any prolonged period of time in that position just resting on their side. There's no point during the application of the WRAP where that would happen.

LR: Okay. So one of the things we talked about last time was, and this time too, was Mr. Gonzalez thrusting his hips up to get, to potentially get into a standing position, and you referenced police officer training that shows you how to do that.

OL: Yes.

LR: What was that training?

OL: So we go through extensive training on how to break free. If, if we're overcome by a suspect and they mount on top of an officer, whether it be, whether the officer is in the prone position and the suspect's on top of our back or if, if we are on our backs and a suspect is mounted on top of us, we're, we're trained how to break free from those scenarios while protecting our important gear like our guns and tasers and stuff like that so the suspects can't disarm us. That, those techniques I can't give you a specific name of what they're called, but we, we go through extensive training on how to break free from those positions because those are vulnerable positions for an officer to be in. And those, both of those techniques, whether we are prone or whether we are on our backs, involve thrusting at the hips to knock whoever is on top of us off balance so that we can sit up, stand up, and, you know, get away from that position. And that was the, the techniques that I was referring to in the last interview.

LR: All right. So we've talked about crossing Mr. Gonzalez's ankles, which you were able to do at some point. If he had been rolled onto his side, do you believe it would have been impossible to keep his ankles crossed?

OL: Yes.

LR: Why?

OL: Just because of the way that our, our human anatomy works. There would not have been

an easy way for me to maintain grasp on, on both ankles because the way that that technique works on the ground is you cross, you put one ankle over the one, and then apply slight downward pressure so that the ankles stay bound together. In a position where he would have been on his side, I would not have been able to apply downward pressure in the same way to make sure that he couldn't uncross his ankles. Furthermore, in that sideways position there would have been no way for me to prevent him from bending at the knee. I was able to prevent him from bending at the knee because he was in the prone position, but absent that, I would have had no control.

LR: All right. So the ankle crossing technique, is that a generally a control technique or is that preliminary to putting on the WRAP?

OL: Both.

LR: And are you taught the ankle crossing in your defensive tactics training?

OL: Yes.

LR: And do you have to be on top of the person, I mean, you were, you were—you were on top of him—but do you have to be in control of the legs in general to do the ankle crossing or can you just do the ankle crossing?

OL: No, you have to be in control of the legs in general. And, again, that comes back to had there been an ability for him to bend at the knee or, or flex his hips greater than he was, the ability to keep those ankles crossed becomes almost impossible so that there has to be, there, there has to be an ability to control the legs in general before you can cross the ankles. The best way that I can describe that technique of crossing the ankles is basically, you know, instead of dealing with two separate extremities that can be moved independently, now if I'm able to successfully cross the ankles, I'm only faced with a larger extremity, right, but it is, it's combined. It, the movements of both legs become coordinated if, if you will, and that's where that technique becomes super helpful.

LR: Okay. At one point I think you said, and you said it again today, that you didn't think that Mr. Gonzalez was experiencing a medical emergency, but at other points you said that you thought that there might be more, have been more going on than just alcohol.

OL: Hm-hmm [affirmative].

LR: And so did you not consider those other things to be a medical emergency? How would you characterize that?

OL: I would characterize that by saying that I'm not a medical professional, you know. I'm trained to observe the objective signs of drug and alcohol intoxication, but I am not a trained medical professional to be able to identify when those levels of intoxication become deadly.

LR: And so at the time, you thought that there might have been other intoxication elements present other than just alcohol?

OL: I believed it was a possibility. Did I know it for a fact? No.

LR: But you didn't—

OL: I didn't rule it out.

LR: You didn't rule it out. Okay. But you didn't add all that up together and think, oh, he's in medical distress?

OL: No. And, again, that was significantly influenced by the fact that the noises—the only thing that I think would lead the average person to believe that he was in medical distress were the noises that you mentioned earlier. But I have to reiterate that they were directly and simultaneously coordinated with him tensing, flexing, pushing away, bucking upwards. They were directly correlated with the movements of his body. So to me, those were not sounds of medical stress. Those were sounds of physical exertion, much like, you know, you hear, you know, athletes, right? Tennis players, you know, they, they hit that racket so hard and they make a noise, right, because they're physically exerting themselves to a high degree, and that's my perception of the noises that Mr. Gonzalez was making. Absent that physical exertion, those sounds would have made me believe maybe there was something else wrong.

LR: Okay. Why don't you just give us, like, two minutes and see if we can wrap this up.

OL: Sure. Thank you. Stop this.

AW: Put this on pause here.

[recording stopped]

[Unintelligible 01:05:05]

AW: The cutest looking. They didn't have a parent out there in the hallway with them so thank you. I'm kind of like want to make sure the parent came back to the hallway with

them. It's a baby and a toddler. I'm like, where's your mommy or daddy?

LR: Okay. Are we back on the—

OL: Yes.

LR: . . . on the record.

[recording in progress]

LR: Yes, wonderful. Okay. Those are all my questions. Is there something that counsel would like to say or add?

AW: I did. I had a follow-up question. You had been asked by Ms. Ross a question about Mr. Gonzalez being a danger and the techniques that you were using. Are you limited in your authority, training, experience to only applying force and control techniques when someone presents a danger to you?

OL: No. I will reference Penal Code section 835a, which gives us the authority to use reasonable force to effect an arrest, to overcome resistance, or to prevent escape, and that's consistent, and our department policy and training reflects that as well. And, and that's, I think I also referenced that in, in earlier parts of that interview in that we're not required to wait until somebody becomes assaultive to use force, and it's for the reasons that I just described. We can use force to, again, overcome resistance, prevent escape, and effect the arrest, and throughout the duration of this incident, his combativeness, resistance, strength, the effect—the arrest had not been effected yet. I mean, he had not safely been taken into custody at that point.

AW: So could you complete the arrests without controlling the resistant efforts that he was making?

OL: Absolutely not.

AW: I don't have anything further.

LR: Okay. So those are all of our questions. Thank you very much.

OL: Thank you.

LR: What time is it? I'll just turn off the tape recorder.

AW: I have 1:46 p.m.

LR: 1:46 p.m. Thank you.

AW: Thank you.

[end of audio]