THE PATROL STANDARD

OFFICER DEVELOPMENT SERIES

THEME: SEE IT. SAY IT. STOP IT.

DATE	ISSUE	READING TIME
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PURPOSE: Reinforce practical peer intervention before small drift becomes accepted practice. This week's brief focuses on recognizing developing risk, using respectful and specific correction, reassessing force and medical condition, and documenting what each officer personally observed and did.

1. OFFICER SAFETY BULLETIN

Intervene Before Confusion Becomes Force

Many preventable problems begin as small coordination failures: two officers giving different commands, no one assigned to watch hands, a restraint continuing after resistance ends, or everyone assuming someone else requested medical aid. These are not merely supervisory concerns. The officer who notices the drift may be the person best positioned to correct it before the scene becomes more dangerous.

Intervention should match the urgency. Early in an encounter, it may be a question, a role reminder, or a clear handoff. When the risk becomes immediate, the intervention may need to be direct: stop the action, separate responsibilities, summon a supervisor, or request medical care. The goal is not to win an argument with a partner. The goal is to protect the officer, the subject, the investigation, and the legitimacy of the result.

Today's Officer Safety Focus

- Before contact, identify one primary communicator and assign cover, restraint, radio, witness, and medical responsibilities as the scene requires.
- Use specific language. 'Watch the right hand' and 'I have the radio' are more useful than 'Be careful' or 'Someone call it in.'
- Reassess continuously. Force that was reasonable during active resistance may become unnecessary when the person is restrained, subdued, or medically distressed.
- Treat silence, sudden limpness, breathing difficulty, repeated medical complaints, or loss of coordination as information requiring action - not as inconvenience or defiance.
- If a partner appears overloaded, take a defined task rather than adding another voice to the same command cycle.

PROFESSIONAL STANDARD: A dependable partner does not wait for a scene to fail. The partner notices drift, names the risk, and communicates the team's safest lawful next step.

2. TACTICAL REMINDER

Use the Smallest Effective Intervention Early

The easiest correction occurs before momentum hardens the scene. Brief the plan, the stopping point, and the expectation that partners speak when they see a legal, tactical, or medical concern.

A practical intervention sequence:

- Question: 'What is our objective?' 'Is he still resisting?' 'Who has the medical request?'
- Name the risk: 'We have conflicting commands.' 'Traffic is entering our working area.' 'She has been prone and handcuffed for two minutes.'
- Redirect: assign one voice, move an officer to cover, reduce unnecessary personnel, or take custody of a task that lacks an owner.
- Stop or separate when necessary: give a direct instruction, end an unsafe action, reposition the subject, or relieve an overloaded officer when it can be done safely.
- Stabilize and report: request aid, notify a supervisor, preserve body-worn camera evidence, and complete an accurate independent account.

> **REMEMBER:** Respectful correction is strongest when it is early, specific, connected to an observable risk, and followed by a workable alternative.

3. NATIONAL & TEXAS LAW ENFORCEMENT UPDATES

Official-Sources Briefing

NIJ - Communication Training Improved Behavior, Not Force Outcomes

OFFICIAL RESEARCH SUMMARY - Publication date: January 1, 2026. The National Institute of Justice cataloged a randomized controlled evaluation of police de-escalation training that used body-worn camera review and agency force records. The researchers reported improved communication behaviors but no reduction in use-of-force incidents. The practical lesson is careful and limited: communication training can improve interpersonal conduct, but agencies and officers should not assume that communication skills alone will correct every force risk. Role clarity, tactical positioning, force reassessment, peer intervention, supervision, and after-action learning still require deliberate practice.

Official source: National Institute of Justice, January 1, 2026.

DOJ - Federal Jury Convictions in the Tyre Nichols Case

ACTUAL CRIMINAL CASE - Event date and location: On January 7, 2023, after a traffic stop in Memphis, Tennessee, officers assaulted Tyre Nichols, failed to intervene, failed to provide or communicate the need for medical aid, and later omitted or misstated material facts, according to evidence summarized by the U.S. Attorney's Office. **Source publication date:** October 3, 2024. A federal jury convicted three former Memphis officers of federal felonies; two additional former officers had pleaded guilty. The case is not a substitute for reviewing the complete trial record or local policy. Its field lesson is direct: intervention, medical response, and truthful reporting are separate duties, and failure at one stage can compound the harm created at another.

Official source: U.S. Attorney's Office, Western District of Tennessee, October 3, 2024.

4. LEADERSHIP & PROFESSIONAL CHARACTER

Correction Is Service, Not Humiliation

Servant-minded leadership makes timely correction normal before a critical moment arrives. An experienced officer can lower the social cost of speaking up by saying during the plan, 'If I miss something, tell me,' and by responding professionally when another officer raises a concern. The objective is shared performance, not embarrassment.

Today's leadership challenge:

- Before one call this shift, identify the objective, the primary communicator, the likely transition point, and the condition that should cause the team to pause.

- When correcting a partner, name the observable fact and the next action: 'He is handcuffed and no longer pulling - let's roll him onto his side and reassess.'
- Acknowledge sound intervention publicly enough to reinforce it: 'Good catch on the breathing change. Calling it out moved us to medical care.'
- After the scene, ask what made speaking up easy or difficult, then correct the process without turning the review into personal humiliation.

> **SERVANT-MOTIVATED LEADERSHIP:** The officer who helps a partner stop, reassess, and correct course protects that partner's safety, credibility, and career as well as the person in custody and the public's trust.

5. ROLL CALL DISCUSSION

The Scene Is Moving, but No One Owns the Pause

Training scenario: At 2240 hours, three officers arrest a combative burglary suspect in a narrow apartment hallway. The suspect is handcuffed and prone. One officer maintains body weight across the upper back while another searches the waistband. Two officers give different commands. The suspect stops pulling, says he cannot breathe, and then becomes quiet. A fourth officer arrives, sees the restraint, and hears an officer say, 'He's still fighting,' although the arriving officer does not observe movement. No one has requested medical aid, and the supervisor is still en route.

Discuss

- What facts require immediate reassessment, and who should announce that reassessment?
- What words would intervene clearly without adding confusion or abandoning officer safety?
- Who should control the subject, monitor breathing and responsiveness, search, communicate by radio, and meet EMS?
- When should the arriving officer use a question, a direct command, physical assistance, or supervisor notification?
- What should each officer independently document about resistance, restraint position, force, medical complaints, intervention, aid, and timing?
- How should the team address a report that repeats another officer's conclusion instead of the writer's own observation?

6. LEGAL WRITING & COURTROOM READINESS

Write the Intervention, Not Just the Outcome

In *Timpa v. Dillard*, filed December 15, 2021, the Fifth Circuit stated that failure-to-intervene liability can arise when an officer knew a fellow officer was violating a person's constitutional rights, was present, had a reasonable opportunity to prevent the harm, and chose not to act. The court also explained that an officer present during excessive force may be liable when the officer had a reasonable opportunity to recognize the excessive nature of the force and intervene. Application remains fact-specific. Officers should also follow current controlling law and their agency's policy, which may impose broader or more detailed duties.

The U.S. Department of Justice's federal use-of-force policy separately requires covered federal officers to recognize and act on an affirmative duty to intervene and to request or render medical aid as appropriate. That federal policy does not automatically govern every state or local officer, but it illustrates why force reassessment, intervention, medical response, and documentation should be treated as distinct operational steps.

Match the Intervention to the Developing Risk

EARLY INTERVENTION	ESCALATED INTERVENTION
Ask what is known; name the missing role; reduce conflicting commands; move a partner to cover; confirm the legal objective; remind the team of a known policy or safety concern.	Give a direct stop command; relieve an officer from the contact role; separate the officer and subject when feasible; summon a supervisor; request medical aid; preserve video and independent reports.

Weak articulation:

> "The suspect continued resisting. Officers controlled him, and EMS was called."

Stronger articulation:

> "At 2241 hours, I observed the handcuffed subject lying prone with Officer 2 maintaining body weight across the subject's upper back. I did not observe the subject pulling, kicking, or attempting to rise. The subject stated, "I cannot breathe," and then stopped speaking. I said, "He is controlled - remove the weight and roll him onto his side." I assisted Officer 2 in moving the subject into a recovery position, checked for breathing and responsiveness, requested EMS at 2242 hours, and notified the responding supervisor. My body-worn camera remained activated during these actions."

SUPERVISORY REVIEW: Compare each officer's independent observations with the force timeline, body-worn camera, medical request, and aid. Resolve copied conclusions, unexplained gaps, passive descriptions, and any failure to identify who acted, who intervened, and when the subject's condition changed.

Courtroom Readiness

Expect direct questions: What did you personally see? When did resistance change? What force was occurring? What made you believe intervention was needed? What exactly did you say or do? Could you intervene safely? When was medical aid requested? What condition did you observe before and after the intervention? Why does your report use another officer's conclusion? Testify from personal knowledge and describe uncertainty honestly.

Legal reference: Timpa v. Dillard, 20 F.4th 1020 (5th Cir. 2021), filed December 15, 2021.

Policy reference: U.S. Department of Justice, Justice Manual 1-16.000; DOJ OIG Report 23-108, September 2023.

7. THREE TAKEAWAYS

End-of-Brief Reinforcement

1. Intervene early and specifically. Name the observable risk, give a workable alternative, and communicate the new plan before confusion becomes momentum.

2. Reassess force and medical condition. Resistance, threat, restraint position, breathing, responsiveness, and the need for aid can change quickly; the team's actions must change with them.

3. Write an independent, complete record. Document what you personally saw, said, and did; identify each material transition; and never replace observation with a partner's conclusion.

"A professional partner does not watch uncertainty become harm."