**Policy:**

**Offenses in Progress - Generally**

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<th>Related Policies:</th>
<th>Section #: 700 Offenses</th>
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<td>Policy #: 701</td>
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<td>Effective: 6/2020</td>
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This policy is for internal use only and does not enlarge an employee’s civil liability in any way. The policy should not be construed as creating a higher duty of care, in an evidentiary sense, with respect to third party civil claims against employees. A violation of this policy, if proven, can be used as basis of a complaint by this department for nonjudicial administrative action in accordance with the laws governing employee discipline.

Policy Owner: USD

Reference:

Sensitivity Level: ☒ Public  ☐ Law Enforcement Eyes Only

1. **Purpose:**

   1.1. The procedures that are established herein are the department framework within which each officer should operate.

2. **Policy:**

   2.1. Since discretion is necessary for intelligent and effective performance of the police function, these procedures should serve only as a guide as to what actions an officer should take in regard to a particular offense.

3. **Procedure:**

   3.1. The on-duty Uniformed Services Division Shift Commander will be in charge of all incidents that occur in the field during their tour of duty.

      3.1.1. This will include field operations conducted by officers from other divisions.

      3.1.2. The on-duty Shift Commander is responsible for the initial briefing of the media on events that occur during their tour of duty.

         3.1.2.1. News releases will be made by supervisory personnel or the department’s Public Information Officer.
3.2. Call Response

3.2.1. Calls involving offenses in progress, in most instances, require a Uniformed Services Division response.

3.2.2. The nature of the offenses varies from felonies in progress, through regulatory traffic offenses, to family disputes. The felonies most often identified in progress and susceptible to an immediate major Uniformed Services Division response are robbery and burglary. Other offenses in progress should involve the same principles of response, modified by the number of units available and the characteristics of the offense or service.

3.2.3. The nature of the service dictates the speed and characteristics of the Uniformed Services Division response.

3.2.4. Whenever a Uniformed Services Division officer discovers, or is individually advised by a citizen, of an offense in progress, they shall notify Metro Communications and request necessary assistance. Any officer responding to an offense in progress shall notify the Metro Communications operator that they are responding.

3.2.5. Action taken by the officer while they are awaiting assistance should be evaluated against personal risk and the most intelligent means of accomplishing the objective.

3.2.6. A supervisor should respond to all felonies in progress.

3.2.7. As officers approach the scene of an incident, the follow-through necessary depends upon the nature of the situation.

3.3. Primary Officer Responsibilities:

3.3.1. Coordinates the approach.

3.3.2. Directs initial investigation techniques.

3.3.3. Summons aid of other officers or services that are necessary for the resolution of the incident.

3.3.4. Makes certain that the necessary reports are made concerning the incident.

3.3.5. The functions of the primary officer vary with the nature of the incident and the type of action or service required, but in general the primary officer guides the response and investigation of an incident towards its proper completion.

3.3.6. There is normally only one primary officer on an offense in progress call.
3.3.7. On minor incidents the district officer will be the primary officer.

3.4. Shift Supervisor Responsibilities

3.4.1. As the Shift Supervisor is ultimately responsible for the handling of offenses in progress, they assume the function of primary officer when responding to an offense in progress, until they delegate this function to someone else.

3.4.2. The supervisor may designate another officer as primary officer, based on experience, quadrant, or nearness to the scene.

3.4.3. An officer designated as the primary officer remains so until the call is completed or until the supervisor assigns the function to someone else.
1. **Purpose:**

   1.1. This policy is created to provide guidance to officers during the investigation of calls involving deaths or homicide.

2. **Policy:**

   2.1. Upon arrival at the scene, the primary concern should be the preservation of human life, even at the expense of evidence. Once the injured are cared for and any on-scene suspects are in custody, initial officers should secure and protect the crime scene.

3. **Procedure:**

   3.1. A minimum of two officers and a Shift Supervisor should be dispatched.

   3.2. Unauthorized persons, including other police officers that are not involved in the investigation, must be excluded from the crime scene.

   3.3. Pending the initial investigation by responding shift officers and supervisors, all deaths should be treated as homicides.
3.4. South Dakota Codified Law (SDCL) 34-25-21 requires the notification of the County Coroner and the County Sheriff whenever a death occurs without a licensed physician in attendance.

3.4.1. The on-scene Shift Supervisor should request Metro Communications to notify an on-duty Sheriff’s Office supervisor of the death.

3.4.2. The Shift Supervisor or responding investigator will contact the county coroner from the scene.

3.4.2.1. Dr. Kenneth Snell is the county coroner for both Minnehaha and Lincoln counties. For deaths occurring in Sioux Falls, in either Minnehaha or Lincoln County a supervisor will contact the on duty deputy county coroner at 605-366-0699.

3.4.2.2. Receipt of Body Form will be signed by an Officer/Detective/CSI releasing the body to paramedics so they can transport the body to the County Morgue or funeral home. The receipt of body form is a three part form and the Officer/Detective will receive a copy of the form after releasing the body. The body will be sealed in a body bag with a numbered seal securing the two zippered clasps (See attached photos)

3.4.2.3. The Minnehaha County Coroner’s Office requests a SFPD medication list on all unattended deaths. On unattended natural/ non- suspicious deaths only the physician’s name and drug type need be entered. All information pertaining to the medications will be entered on suspicious or suspected overdose deaths and the medication will be seized as possible evidence of a crime. (See attached form at the end of this document). The medication form should be turned in at the end of shift to records so it can be imported into the case (same as DV worksheet). Do not place these forms into ID.

3.4.2.4. Paramedics Plus Ambulance will supply the Release of Body form, body bags and numbered seals.

3.5. Obvious Homicide
3.5.1. If the initial investigation by responding officers and Shift Supervisors indicates an obvious homicide, Crimes Against Persons investigators and Crime Lab/Evidence Section personnel should be immediately requested to respond to the crime scene by the Shift Supervisor.

3.5.2. The Shift Commander will be responsible to ensure the Chief of Police, Assistant Chief, and four Division Commanders have been notified of the homicide.

3.5.3. Upon arrival, the ranking Investigative Services Division supervisor will take charge of the crime scene. Once the crime scene is secured and deemed safe, Crime Lab personnel will become responsible for the processing and collection of evidence. Access into the scene during this time will be limited to only those having a need to enter as determined by the onsite Investigative Services Division supervisor and the Crime Lab personnel.

3.5.4. All Supplemental Reports regarding homicides need to be priority recorded through the Police Department phone dictation system.

3.6. Suspected Suicide

3.6.1. In all cases of suspected suicide, the responding Shift Supervisor will request that a Crimes Against Persons Detective be dispatched to the scene.

3.6.2. The Shift Supervisor and the CAP Detective will determine if it is necessary to call out Crime Lab/Evidence Section personnel to process the scene and/or additional detectives to conduct a more thorough investigation.

3.6.3. SDCL 22-16-40 requires that law enforcement officers report all attempted suicides to the State’s Attorney’s Office. This will be accomplished by completing a Case Report that will be forwarded to the State’s Attorney’s Office by detectives.

3.7. “Suspicious” Natural Death

3.7.1. Whenever suspicion surrounds a reported natural death, the on-scene supervisor should request that a CAP Detective respond to the scene. The shift supervisor and the CAP detective will determine if it is necessary to call out the Crime Lab personnel to process the scene and/or additional detectives to conduct a more thorough investigation. “Suspicious circumstances” may include:

3.7.1.1. An unusually young victim.

3.7.1.2. No apparent cause of death can be determined through interviews of family and friends, including a lack of medical history.
3.7.1.3. Illicit drugs or prescription medications not belonging to the decedent are found at the scene.

3.7.1.4. Bruises, abrasions, or other obvious injuries on the body.

3.7.1.5. The environment where the body was found (other people present at the time of death, location appears to have been ransacked, or is in obvious disarray, etc.).

3.7.2. If Crime Lab/Evidence personnel are not called to process the scene of a natural death or suicide, the Shift Supervisor will take an appropriate number of photographs to document the scene for the County Coroner. These photographs should fully document the condition of the body and the immediate surroundings. These photos will be placed into evidence for later delivery to the County Coroner.

3.8. Next of Kin Notification

3.8.1. It is the responsibility of the department to notify the next of kin in those cases of death that were medically unattended.

3.8.2. The Shift Commander will carry out this responsibility. If a shift change takes place prior to the notification, the Shift Commander going off duty will pass the responsibility on to the oncoming Shift Commander. A member of the Police/Sheriff Chaplain Unit may be contacted to assist in the notification.

3.8.3. Direct person-to-person notification will be made, if at all possible, by the Shift Commander with one other officer present.

3.8.4. It is permissible to have a member of the clergy, family friend, or relative make the notification, but the Shift Commander must confirm that the notification has been made.

3.8.5. In all cases, be sure that positive identification has been made prior to delivering a death message.

3.8.6. The name of the deceased will not be released before every effort has been made to notify the next of kin.

3.8.7. The Investigative Services Division may be contacted to assist in locating the next of kin.

3.8.8. In most cases, the deceased’s family should be told to contact the funeral home of their choice. The funeral home will in turn call the County Coroner to make necessary arrangements.
3.8.9. If the deceased’s family resides out of town, request the law enforcement agency in their area to relay the information. Furnish them with a telephone number that the family can call for information. The other agency must notify us when notification is made.

3.8.10. If an outside agency requests us to deliver a death notification, the Shift Commander and one more officer or a member of the Police/Sheriff Chaplain Unit will perform the task. Unless requested specifically by the other agency, do not simply give the family a phone number to call and leave. Explain to them what you know, and offer to stay while the call is made.

3.8.11. If the person to be notified is a department officer or the officer’s family, notification will be handled as stated in this manual, Section 403, subsection 3.9.5, Critical Incidents. Remember that all unattended deaths must also be reported to the County Coroner and the County Sheriff.

3.9. Man Down Calls

3.9.1. When officers respond to a “man down” type call and are unable to locate the person, every attempt will be made to contact the reporting party to determine if the reporting party has more information.

3.10. Deaths in Assisted Care Setting

3.10.1. Per the Minnehaha County State’s Attorney’s Office and the Minnehaha County Coroner, deaths of persons under hospice care, whether hospitalized or at home, are deemed to be “medically attended deaths” and need not be reported to law enforcement.

3.10.2. We would normally not even be notified of deaths that occur in state-licensed nursing homes, as these are considered “medically attended deaths.” Officers will, however, be dispatched by Metro Communications to medical emergency calls involving residents of nursing homes as part of the life-saving effort, along with fire and ambulance personnel. Should the patient die despite these life-saving efforts, officers need only determine that no suspicious circumstances surround the death and gather the necessary information for a Case Report classified as sudden death. Photos of the scene are not necessary.
# Sioux Falls Police Department Medication List

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Homicide or Death Investigations
1. Purpose:

1.1. This policy is created to give members of this department guidance and direction in dealing with the victims of sex crimes.

2. Policy:

2.1. Officers shall use special care and compassion when interviewing victims of rape. Primary attention should be given to the needs of the rape victim and a medical examination by the victim’s doctor or an emergency room doctor shall be requested.

3. Definitions:

3.1. **Molestation** – to make annoying sexual advances to; especially: to force one’s self physically on another and usually in a sexual manner.

3.2. **Prostitution** – As defined in SDCL 22-23-1, any person who engages in or offers to engage in sexual activity for a fee is guilty of prostitution.

3.3. **Rape** – As defined in SDCL 22-22-1, rape is an act of sexual penetration accomplished with any person under any of the following circumstances:

3.3.1. If the victim is less than thirteen years of age; or
3.3.2. Through the use of force, coercion, or threats of immediate and great bodily harm against the victim or other persons within the victim’s presence, accompanied by apparent power of execution; or

3.3.3. If the victim is incapable, because of physical or mental incapacity, of giving consent to such act; or

3.3.4. If the victim is incapable of giving consent because of any intoxicating, narcotic, or anesthetic agent or hypnosis; or

3.3.5. If the victim is thirteen years of age, but less than sixteen years of age, and the perpetrator is at least three years older than the victim.

4. Procedure:

4.1. Rape Investigations

4.1.1. In the early stages of a rape investigation, officers should inform the victim of the availability of trained volunteers from the Compass Center. This non-profit organization, formerly known as the Rape and Domestic Abuse Center, offers many programs to help individuals with rape and domestic abuse issues.

4.1.1.1. The Compass Center on call advocate can be reached by calling the 211 Helpline.

4.1.1.2. The advocate’s function at the time of the report is to provide moral and informational support for the victim. The advocate assesses needs, establishes rapport and informs the victim of options for medical services and evidence collection.

4.1.1.3. Should the victim request the presence of the Compass Center volunteer during the report process, officers shall make every effort to accommodate that request. It is often through the efforts of these volunteers that reluctant victims can find the strength to follow through with the report process.

4.1.2. The Sioux Falls Police Department and members of the Minnehaha County Sheriff’s Office, The Compass Center, the Minnehaha County State’s Attorneys Office, Lincoln County State’s Attorneys Office, Avera McKennan Hospital, and Sanford Hospital have established a Sexual Assault Response Team (SART). Each discipline has established protocols as it relates to the response to sexual assaults. The SFPD SART Protocol is as follows:

4.1.2.1. Assess the immediate physical safety and medical needs of the victim.

4.1.2.2. Determine if the suspect is present at the crime scene. (Secure the crime scene) If not, obtain a description and/or identification of the suspect and consider the need for a BOLO.
4.1.2.3. Explain each step of the investigation and what the victim should expect, especially the need to ask personal, detailed information relative to the sexual assault.

4.1.2.4. Locate and identify witnesses.

4.1.2.5. At the crime scene, secure physical evidence such as fingerprints, trace evidence, the victims clothing and any evidence that may be immediately collected from the victim’s person. If the victim had changed clothes since the assault, ask for any clothing that was worn at the time of the sexual assault.

4.1.2.6. Explain to the victim the importance of preserving potentially valuable evidence which may be present on their person, or on clothing worn during the assault, after the assault, and on bedding or other items/material at the assault scene (evidence may be inadvertently destroyed by activities such as washing, showering, brushing teeth, using mouthwash, smoking, eating, drinking, douching, urinating or defecating).

4.1.2.7. Advise the victim of their rights as a crime victim and provide referral information to the crime victim program.

4.1.3. During the report process, officers need to:

4.1.3.1. Locate and secure the crime scene

4.1.3.2. Request the assistance of a Shift Supervisor, who may assist in the search of the crime scene or may detail the Crime Lab to perform that task.

4.1.3.3. Searches shall be conducted pursuant to policies and procedures spelled out in Section 1000, the Operations section of SFPD policy.

4.1.3.4. The on-call Crimes Against Persons Detective should be notified if a suspect is present at the scene and is willing to speak with law enforcement.

4.1.3.5. If the sexual assault occurred vaginally within 96 hours of the report or 24 hours of an anal/oral assault, inform the victim of the importance of seeking an immediate medical/forensic examination. The individual circumstances of each case should be considered when deciding whether to collect evidence after the 96-hour time frame.

4.1.3.6. Advise the victim that he/she is not responsible for the cost of the forensic portion of the medical examination.
4.1.3.7. Notify the appropriate facility that a sexual assault victim is coming to the medical facility for a medical/forensic exam. The medical facility will contact the on-call Sexual Assault Nurse Examiner. (SANE)

4.1.3.8. Recommend that the victim bring a change of clothing to the forensic examination site in the event that his or her clothing is collected for evidentiary purposes.

4.1.3.9. Take measures to ensure the chain of custody for the sexual assault kit. The medical facility will notify law enforcement upon completion of the examination. The sexual assault kit should then be picked up as soon as possible, even though State law requires that we do this within 14 days. The Sexual Assault Nurse Examiner (SANE) will burn a copy of the victim’s photographs to a CD and seal the CD in the outer envelope of the sexual assault kit. The CD and documents will be removed by Crime Lab Personnel and stored separately in the event these items are needed for future investigations. **Note that there is a CD in the envelope on the evidence tag so that it can be retrieved by Crime Lab Personnel.**

4.1.3.10. Be aware of signs and/or statements that imply an alcohol / drug facilitated sexual assault. Communicate this information to the medical personnel in order to obtain samples. Place the blood tube in a plastic bag with an evidence tag and place the tube in the blood envelope slot. Do not attach blood sample tubes to the outside envelop of the sexual assault kit. If the sample is to be tested for alcohol, do nothing further. If the sample is to be tested for drugs (date rape drugs) please indicate on the evidence label “Send sample to Pierre”.

4.1.3.11. If the assault occurred **more than 96 hours** of the initial report, provide the victim with information regarding medical care and potential for evidence collection. Provide the victim with the Compass Center information and contact them for assistance/response.

4.2. Sex Crimes Against Children

4.2.1. Sex offenses which involve children as victims require special care in the questioning of the victim.

4.2.2. If there are allegations of abuse or neglect from one of the parties involved, the officers should investigate those allegations and take the necessary steps to place the child or children into protective custody if the officers believe the allegations have merit or work with Child Protective Services to put a present danger plan in place.
4.2.3. If any physical/sexual abuse has occurred within seventy-two (72) hours, immediately notify the Child’s Voice staff at 333-2226 night or day. The SCAN team will use discretion when determining if after-hours exams and interviews may be conducted.

4.2.4. Molestation investigations should include a comprehensive medical examination of the victim.

4.2.5. In cases of suspected molestation or rape of a child or adolescent victim, investigators from the Crimes Against Persons Section of the Investigative Services Division should be contacted.

4.2.6. They will arrange for a medical examination and forensic interview of the victim at Child’s Voice, a facility dedicated to the safety and protection of children.

4.3. Reports

4.3.1. All supplemental reports regarding rape cases need to be priority-recorded through the police department phone dictation system.

4.4. Prostitution

4.4.1. In cases where a citizen intends to make a complaint, all assistance should be afforded in making an arrest.

4.4.2. Whenever information is received concerning violations, a thorough investigation will be conducted by the Uniformed Services Division whenever practicable.

4.4.3. Whenever an officer observes a violation, an arrest should be made, unless a delay in the arrest would contribute to a more thorough investigation.

4.4.4. A minimum of two officers will be involved when a decision is made to proceed on a prostitution case in an attempt to make an arrest.

4.4.5. Prostitution and soliciting a prostitute are Class I misdemeanors, so arrests may be made based upon probable cause.
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<td>Robbery Investigations</td>
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Policy Owner: USD

Reference:

Sensitivity Level: ✗ Public  □ Law Enforcement Eyes Only

1. Purpose:

1.1. This policy is created to establish guidelines for officers to follow when responding to robbery investigations.

2. Policy:

2.1. On robbery-in-progress calls, response time is important, but because some type of weapon is generally used, caution must be exercised on the approach to avoid escalating the incident into a hostage situation.

3. Procedure:

3.1. Response

3.1.1. Units should communicate to better establish control of the area.

3.1.2. Officers responding to robberies are visible to the offender, but the offender cannot be readily spotted by the officers.

3.1.3. Special attention should be given to any people or vehicles in the area as they may be lookouts or escape vehicles. Their danger potential should not be underestimated.
3.1.4. The use of robbery alarms has expanded, and the response time on these calls has been reduced. While this has a positive effect on apprehension, it also increases the potential for escalating the incident into a hostage situation.

3.2. Investigation

3.2.1. If the offender has fled the scene, phone contact should immediately be established from the scene to the Metro Communications operator.

3.2.2. All pertinent information should be immediately relayed to the operator for broadcast by radio to all units.

3.2.3. The Property Crimes Section of the Investigative Services Division should be notified if there are any immediate leads to be followed up on. The Crime Lab should be notified whenever there is a possibility of physical evidence left at the scene which cannot be readily collected by the shift. A shift supervisor will take care of these requests while on scene.

3.2.4. The Federal Bureau of Investigation (FBI) is notified of robberies at banks, credit unions, and federally insured agencies by Metro Communications.

3.3. Reports

3.3.1. All supplemental reports regarding robberies need to be priority recorded through the police department phone dictation system.
Policy: Assault Investigations

Related Policies:

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Policy Owner: ISD


Sensitivity Level: Public

1. Purpose:

1.1. This policy is created to provide members of the Sioux Falls Police Department direction during assault investigations.

2. Policy:

2.1. When responding to an assault call, officers will give primary consideration to the aid of any potential victims and evaluate the scene for safety of themselves and any others present.

3. Procedure:

3.1. Response

3.1.1. A minimum of two officers should be dispatched.

3.1.2. The officer in these cases should give primary consideration to necessary aid to the injured.

3.1.3. The officers responding to the call should evaluate the situation in terms of their own safety and that of the parties involved, without taking sides in the controversy.
3.1.4. They shall maintain objectivity in interviewing victims and witnesses.

3.1.5. Additional units may be requested as needed.

3.2. Evidence Collection

3.2.1. When there is a need for processing physical evidence, and it cannot be transported to headquarters, the Crime Lab will be summoned to the scene by Shift Supervisor.

3.2.2. Photographs of injuries of all involved parties should be taken by patrol officers in all cases of assaults. Photographs of the scene, such as damaged property or blood spatter should be taken when evidence exists of the assault.

3.3. Investigation

3.3.1. Whenever a victim refuses to cooperate in the investigation of an assailant, the officer should attempt to determine if fear is influencing the decision.

3.3.1.1. Further, the basis for that fear should be documented and later brought to the attention of the prosecuting attorney, if applicable.

3.3.2. All supplemental reports regarding assaults and domestic violence situations need to be priority recorded through the police department phone dictation system when a custodial arrest has been made. Officers should contact all reporting parties and witnesses to obtain statements for the report.

3.4. Domestic Abuse / Violence

3.4.1. South Dakota Codified Law (SDCL) 23A-3-2.1 specifically addresses domestic abuse and domestic violence offenses and mandates that officers make arrests in defined situations.

3.4.2. (23A-3-2.1) Circumstances permitting warrantless arrests. A law enforcement officer shall arrest and take into custody any person, without a warrant, at any time that the opportunity presents itself, if the officer has probable cause to believe that:

3.4.2.1. An order has been issued under chapter 25-10 protecting the victim and the terms of the order prohibiting acts or threats of abuse or excluding the person from a residence have been violated (domestic protection orders, no contact orders as condition of domestic assault action).

3.4.2.2. An order has been issued under chapter 22-19A protecting the victim and the terms of the order prohibiting acts of stalking or physical injury have...
been violated; (stalking PO, no contact orders as condition of stalking/assault bond.

3.4.2.3. The person is eighteen years or older and within the preceding forty-eight hours has assaulted a person in a relationship as defined in § 25-10-3.1; and the officer believes that an aggravated assault has occurred; an assault has occurred which has resulted in bodily injury to the victim, whether the injury is observable by the responding officer or not; or an attempt by physical menace has been made to put another in fear of imminent serious bodily harm.

3.4.3. Officers may encounter a situation where spouses, significant others, former spouses within the past year, or persons who have children in common have assaulted each other.

3.4.3.1. You shall arrest the person you feel to be the predominate physical aggressor.

3.4.3.2. SDCL 25-10-35 requires that you consider three things in this type of situation:

3.4.3.2.1. The intent to protect the victim of domestic abuse.

3.4.3.2.2. The comparative extent of injuries inflicted or serious threats creating fear of physical injury.

3.4.3.2.3. The history of domestic abuse between the persons involved.

3.4.4. In any event of domestic abuse/domestic violence, you are required to make a case report. The domestic checklist and worksheet shall be completed.

3.4.5. You must also advise the victim of resources that are available to them to assist with court proceedings, protection orders and shelters options if needed. The available agencies are Children’s Inn and the Compass Center. A card has been provided listing these resources which should be left with the victim along with the Marcy’s Law advisement. The officer shall ask the victim for permission to forward their information to the Children’s Inn so an advocate may follow up with them and offer services. The officer should then document in their case narrative whether the victim consented or refused.

3.4.6. For the reporting/arrest requirement, a case report and arrest if applicable shall be made when the relationship has been defined as follows:

3.4.6.1. Spouse or former spouse;
3.4.6.2. Is or has been in a significant romantic relationship during the past twelve months with the abusing party;

3.4.6.3. Has a child or is expecting a child with the abusing party;

3.4.6.4. Parent and child, including a relationship by adoption, guardianship, or marriage; or

3.4.6.5. Siblings, whether of the whole or half blood, including a relationship through adoption or marriage;

(25-10-3.2) Factors for determining significant romantic relationship. When determining whether a relationship is a significant romantic relationship, the court shall consider, among others, the following factors: the length of time of the relationship; the frequency of interaction between the parties; the characteristics and the type of the relationship.

3.4.7. Other offenses, whether they are misdemeanors or felonies, shall result in an arrest if probable cause exists as to felonies or Class I misdemeanors. If a Class II misdemeanor occurs in your presence, an arrest must be made. You may respond to a citizen’s request for making a citizen’s arrest. Follow procedure in this manual for guidance.

3.5. If the assault is domestic violence related the detectives will send a copy of the investigation to the State’s Attorneys Office who will determine whether or not charges will be filed. Victims may request that nothing further be done; however, only the State’s Attorneys Office can make the decision once a case report has been made.

3.6. Protection Orders / Restraining orders / Peace bonds / No Contact Orders

3.6.1. Restraining orders and peace bonds can only be enforced by the issuing court and are not enforceable by the police.

3.6.2. If Metro Communications cannot verify that there is a valid protection order, including ex parte orders, no arrest should be made on the subject. In those cases, a case report should be generated.

3.6.3. If a valid protection order is located and probable cause exists to believe a violation has occurred, an arrest shall be made and the appropriate case report filed for follow-up investigation. The reporting officer shall collect the evidence present to them, whether it is digital evidence such as text messages, call history, emails, or physical evidence such as handwritten notes.
3.6.4. If the party named in the protection order is present and has not been served, call a deputy and have them serve the order.

3.6.5. If a deputy is not available, you may serve the order.

3.6.6. Give the person served a copy of the order and make a case report stating the facts surrounding the service.

3.6.7. All protection orders must be signed by a judge.

3.6.8. SDCL 25-10-13 states violation of protection order or no contact order as misdemeanor or felony. If any violation of this section constitutes an assault pursuant to § 22-18-1, the violation is a Class 6 felony.

3.6.9. When you come into contact with someone and they are claiming that a judge has ordered no contact as a condition of a domestic assault case, there are three main types of orders this could be which would result in a criminal violation:

3.6.9.1. A Temporary or Permanent Protection Order—either domestic under SDCL 25-10 or stalking order under SDCL 22-19A. Depending on the violation this can be a felony or misdemeanor. (See SDCL 22-19A-16)

25-10-43. Defendant prohibited from contacting victim prior to court appearance—Violation as misdemeanor. While in custody after arrest for a crime involving domestic abuse, no defendant may have or be permitted any contact or communications, either directly or by means of a third party, with the victim or the family or household members of the victim, until the defendant's initial court appearance or until such contact or communication is specifically authorized by the court.

3.6.9.2. A no contact order as part of a bond condition on a domestic abuse case (SDCL 25-10-23). This is a Class I misdemeanor.

25-10-23. Conditional bond—Violation as misdemeanor. If bond for the defendant in any domestic abuse action is authorized, a condition of no contact with the victim shall be stated and incorporated into the terms of the bond. Willful violation of any such no contact provision is a Class 1 misdemeanor.

3.6.9.3. A no contact order as part of a sentence on a domestic abuse case (SDCL 25-10-25). Depending on the violation this can be a felony or misdemeanor. (See SDCL 25-10-13)
25-10-25. Convicted defendant prohibited from contacting victim. The court may order that any defendant convicted of a crime involving domestic abuse be prohibited from contact with the victim and the sheriff shall give the victim a copy of any such order.

3.6.10. In any of these scenarios, Metro Communications has access to the information to verify the existence of these orders. However, Metro needs to look in different databases depending upon which of the three situations it may be. Be specific with Metro Communications as to the type of no contact order you are looking to verify. Additionally, if there is any doubt about which type of no contact order may be in place, have Metro Communications check for any of the three or all three types of no contact orders that may be in place. Failure to specify or have multiple databases checked can result in you being given inaccurate information and could lead to you releasing an individual for whom you have probable cause to arrest.

3.6.11. During regular business hours, the Clerk of Courts and/or the State’s Attorney’s Office may also be of some assistance, especially if you are inquiring about a bond condition order or sentencing order. Regardless of the time of day, however, Metro Communications has access to information regarding all three types of no contact orders.

3.7. Assault on Officers

3.7.1. When an officer is assaulted and another officer witnesses the assault, the witnessing officer shall make the arrest.

3.7.2. A supervisor will be notified immediately and given details of the assault and arrest.

3.7.3. The witnessing officer will be responsible for filling out the arrest report and case report.

3.7.4. The victim officer shall be responsible for making a supplemental report to the case report.

3.7.5. In instances where an officer is assaulted and another officer does not witness it, that officer will detain the suspect and call for another officer and supervisor to respond.

3.7.6. The victim officer will then give details to the reporting officer and supervisor.
3.7.7. The supervisor will assess the incident. If the incident merits an arrest, the reporting officer will make the arrest and be responsible for filling out the arrest report and case report.

3.7.8. The victim officer will be responsible for making a supplemental report to the case report.

3.7.9. If the officer sustained any injuries during the assault, photos will be taken for evidentiary purposes with copies of the photos made for administrative purposes.

3.7.10. The supervisor will be responsible to ensure that all necessary departmental paperwork related to the injury is completed using the department’s administrative reporting software.
Burglary Investigations

This policy is for internal use only and does not enlarge an employee’s civil liability in any way. The policy should not be construed as creating a higher duty of care, in an evidentiary sense, with respect to third party civil claims against employees. A violation of this policy, if proven, can be used as basis of a complaint by this department for nonjudicial administrative action in accordance with the laws governing employee discipline.

Policy Owner: USD

Reference:

Sensitivity Level: ☑ Public ☐ Law Enforcement Eyes Only

1. Purpose:

1.1. This policy is created to guide members of the Sioux Falls Police Department during the investigation of crimes classified as Burglary.

2. Policy:

2.1. On burglary-in-progress calls, the speed with which an immediate containment perimeter can be established around the building increases the chances of an immediate apprehension.

3. Definitions:

3.1. **Perimeter** – An area around the reported burglary in progress call. This imaginary line should be large enough so as to contain the suspect(s) within the area in question.

3.2. **Primary Officer** – The initial responding officer who first arrives on the scene of the burglary in progress.

4. Procedure:

4.1. Burglary in Progress
4.1.1. On burglary-in-progress calls, the speed with which an immediate containment perimeter can be established around the building increases the chances of an immediate apprehension.

4.1.2. The primary officer on scene:

4.1.2.1. Deploys, adjusts, and coordinates the other officers arriving at the scene.

4.1.2.2. Establishes the immediate perimeter by assigning the officers closest to the scene.

4.1.2.2.1. As these officers arrive, they should station themselves so that the entire building/roof is observed.

4.1.2.3. Will maintain communications with perimeter officers so they may be advised of changing conditions.

4.1.2.3.1. These units shall remain until such time as a preliminary assessment of the situation is completed.

4.1.2.3.2. At night, lighting from the patrol vehicles should be used to illuminate the scene.

4.1.3. Perimeter

4.1.3.1. While the immediate perimeter is being established, the remaining non-assigned officers should maintain a circle of containment a reasonable distance from the scene.

4.1.3.2. After the perimeter has been established, these remaining officers can be adjusted by the primary officer.

4.1.4. Offender presumed inside building

4.1.4.1. If it is known that the offender is trapped in the building, the primary officer shall utilize available resources of the department to accomplish the safest method of apprehending the offender(s).

4.1.4.2. Whenever time is not critical to subsequent action concerning the building, and at the direction of the primary officer, the owner/manager of the building should be contacted by Metro Communications to assist in planning the search of the building.

4.1.4.3. Whenever a building is to be searched, officers should not enter or exit the building without first communicating with the established perimeter.
4.1.5. Burglary Reports

4.1.5.1. If the call is to report a past burglary, one officer will be dispatched.

4.1.5.2. If the officer determines that the scene should be processed for latent fingerprints, he will request that a shift supervisor respond to the scene.

4.1.5.3. The shift supervisor will make the determination as to whether they can take photos, process any prints, collect DNA swabs or if not the Crime Lab should be detailed to process the scene.
### Larceny Investigations

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This policy is for internal use only and does not enlarge an employee’s civil liability in any way. The policy should not be construed as creating a higher duty of care, in an evidentiary sense, with respect to third party civil claims against employees. A violation of this policy, if proven, can be used as basis of a complaint by this department for nonjudicial administrative action in accordance with the laws governing employee discipline.

**Policy Owner:** USD

**Reference:** South Dakota Codified Laws (SDCL) 32-4-5

**Sensitivity Level:** Public

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1. **Purpose:**

   1.1. This policy is created to provide direction for members of the Sioux Falls Police Department during all types’ larceny investigations.

2. **Policy:**

   2.1. Given the many different manners in which a larceny may be committed, the Sioux Falls Police Department will make every effort to investigate reports of larceny and theft in a diligent manner so that a case may ultimately be presented for prosecution.

3. **Procedure:**

   3.1. Larceny

      3.1.1. The number of officers to be dispatched depends upon circumstances, but one is sufficient when the offense has already been successfully accomplished.

      3.1.2. The applicable procedures for offenses in progress apply in other cases.

      3.1.3. A description of property stolen should also be given to covering units.

      3.1.4. The police authority in these cases differs as to felonies and misdemeanors, and response must be adjusted accordingly.
3.2. Shoplifting

3.2.1. One or more officers may be dispatched depending on the circumstances surrounding the offense and whether the subject is cooperating with store employees.

3.2.2. If the following criteria are met, an adult shoplifter may be issued a citation for Petty Theft and given a court date for their initial appearance.

3.2.2.1. The adult shoplifter has a valid picture form of identification issued by a governmental agency in their possession;

3.2.2.2. The adult shoplifter does not have any warrants;

3.2.2.3. The adult shoplifter is cooperative (with both the store’s loss prevention and responding police officers);

3.2.2.4. The officer reasonably believes the adult shoplifter does not present a danger to himself or others;

3.2.2.5. The officer reasonably believes the adult shoplifter will appear in court in response to the citation; and

3.2.2.6. The dollar value of the stolen property is a Class II misdemeanor amount ($400.00 or less).

3.2.3. In all shoplifting cases:

3.2.3.1. The responding officer will determine that probable cause exists to believe that a crime was committed and that the person being detained has committed that crime.

3.2.3.2. A case report will be completed.

3.2.3.3. An arrest report will also be completed in cases in which a custodial arrest takes place.

3.2.4. Once the responding officer has determined that the above criteria have been met, he / she will contact the Minnehaha County Jail to determine the next available court date for a shoplifting arrest.

3.2.5. The arresting officer will then complete a uniformed summons and complaint, citing the adult into court.
3.2.6. The adult shoplifter will be given the “Sioux Falls Police Department Shoplifting Advisory” card.

3.2.6.1. This card will instruct the adult shoplifter to report to the jail for fingerprints and mug shots prior to their initial appearance.

3.2.6.2. This card will be filled out by the officer at the time of the arrest.

3.2.7. The adult shoplifter will then be released after signing the citation. Officers will escort the shoplifter out of the store.

3.2.8. If the dollar value of the items taken would constitute a Class I misdemeanor or felony, the subject will be lodged pending the posting of a bond as set by the Circuit Court.

3.2.9. Juvenile Shoplifters

3.2.9.1. Resident Juvenile shoplifters

3.2.9.1.1. Juvenile shoplifters who are Minnehaha County residents may be released to their parents or other responsible adult after an arrest report and case report are made in misdemeanor cases.

3.2.9.1.2. If the dollar value of the items taken would constitute a Class I misdemeanor or felony, the reporting officer will gather the information for the arrest report and case report, and then contact a Juvenile Intake Officer to determine the appropriate disposition of the juvenile offender.

3.2.9.1.3. In all cases of juvenile resident shoplifters, detectives will forward all reports to the Minnehaha County State’s Attorney’s Office for their determination as to whether the juvenile is a candidate for counseling, or should be petitioned through the court system.

3.2.9.1.4. Officers at the scene should collect any relevant store security reports and turn them in with their other paperwork at the end of their shift. Records will then forward these reports to the Investigative Services Division.

3.2.9.2. Nonresident juvenile shoplifters

3.2.9.2.1. Juvenile shoplifters who are not a resident of Minnehaha County accused of a Class II misdemeanor offense may be released to an
accompanying parent, or other responsible adult, after the arrest report and case report are completed.

3.2.9.2.2. If there is no parent or responsible adult to take custody of the juvenile offender, a Juvenile Intake Officer should be contacted to determine the appropriate disposition for the juvenile.

3.2.9.2.3. They should be advised that all reports will be forwarded to the court in their county of residence for appropriate action.

3.2.9.2.4. In cases involving a Class I misdemeanor or felony shoplifting offense against a nonresident juvenile, the reporting officer will complete the arrest report and case report, and then contact a Juvenile Intake Officer to determine the appropriate disposition for the offender.

3.2.10. Evidence

3.2.10.1. Evidence in misdemeanor shoplifting cases will be retained by the store.

3.2.10.2. Evidence in felony cases will be transported to the Law Enforcement Center, tagged, and preserved for possible presentation in court just like evidence for any other criminal offense.

3.3. Gas Skips

3.3.1. Case reports will not be filed for Gas Skips.

3.3.2. If a business calls to report a gas skip, advise the business they will need to file their case in a civil court by reporting to the Clerk of Courts office in the appropriate county.

3.3.3. If the business has a license plate number that they need to submit in an effort to help identify the suspect, a request for vehicle owner information would need to be submitted, per the guidelines of SDCL 22-30A-41.

3.3.4. All requests can be mailed to the Law Enforcement Center, and will be forwarded to a Property Crimes Section Supervisor who is then responsible for responding to the request.

3.4. Auto Theft

3.4.1. At the scene, the reporting officer will obtain any additional information, including the Vehicle Identification Number, which is needed for a state case and NCIC entry and pass that information on to Metro Communications for rebroadcast.
3.4.2. The reporting officer is responsible for obtaining the victim’s full name, home address, telephone number, business address, and business telephone number.

3.4.2.1. The information will be forwarded to Metro Communications so that they may enter it into the computer Stolen Vehicle program.

3.5. Recovered Stolen Vehicles

3.5.1. Stolen Vehicles from another jurisdiction

3.5.1.1. If a vehicle is recovered in our city that was reported stolen in another jurisdiction, the recovering officer will request Metro Communications to confirm the vehicle’s status with the reporting agency.

3.5.1.2. Once that has been accomplished, the officer will tow the vehicle for safekeeping and record a Foreign Aid case report, including all facts that the officer has uncovered in the on-scene investigation.

3.5.1.3. The recovered vehicle will not be processed for evidence prior to one of our detectives making contact with the originating agency.

3.5.2. Stolen Vehicles from local area

3.5.2.1. If the vehicle is a local stolen, the officer will conduct the on-scene investigation and contact an on-duty detective handling auto thefts.

3.5.2.2. If the detective is unavailable (nights, weekends, or holidays), the officer will consult with a shift supervisor to determine the value of forensic processing. Some situations will require no processing. The shift supervisor will make the determination as to whether they can take photos, process any prints, collect DNA swabs or if not the Crime Lab should be detailed to process the scene.

3.5.2.3. Once the vehicle has been processed, every possible effort will be made to contact the owner so that the vehicle may be released to them.

3.5.2.4. Recovered stolen vehicles will be towed for processing only as a last result.

3.5.2.5. If the decision is made to release the vehicle from the scene of recovery and officers are unable to make personal or telephone contact with the owner, the vehicle may be towed for safekeeping.

3.5.2.6. Whenever a recovered vehicle is towed, that fact must be recorded in a priority report.
3.5.2.7. A recovered local stolen vehicle will never be allowed to sit in storage over a holiday or weekend without every possible effort being made to contact the owner and arrange its release.

3.5.2.8. An email should also be sent to the Property Crime Section sergeants to inform them of the tow.

3.5.3. When a person is found in possession of a stolen vehicle, they should be charged with SDCL 32-4-5. This is a felony offense regardless of the vehicle’s value.
Policy: Missing Adult Investigations

Related Policies:
Section #: 700 Offenses
Policy #: 708
Effective: 6/2020

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This policy is for internal use only and does not enlarge an employee’s civil liability in any way. The policy should not be construed as creating a higher duty of care, in an evidentiary sense, with respect to third party civil claims against employees. A violation of this policy, if proven, can be used as basis of a complaint by this department for nonjudicial administrative action in accordance with the laws governing employee discipline.

Policy Owner: USD
Reference:
Sensitivity Level: ☑ Public

1. Purpose:

1.1. This policy is created to provide direction when conducting missing person investigations to members of the Sioux Falls Police Department.

2. Policy:

2.1. Missing person investigations can often be the impetus for more serious investigations. Therefore, officers of the Sioux Falls Police Department will investigate all missing person cases thoroughly until the case is proven to be unfounded or the subject of the report is located.

3. Definitions

3.1. CODIS – Combined DNA Index System (CODIS) database

3.2. Direct Reference DNA Sample – an item or article of evidence that can be directly linked to the missing person. Examples are toothbrush, razor, tissue biopsy, newborn screening bloodstain, baby teeth, unlaundred clothing, etc.

3.3. Family Reference Sample – DNA swab taken freely and voluntarily with consent from family member of missing person; first order relatives are preferred: mother, father, siblings, children, and spouse.
3.4. **Missing Adult** – Any person eighteen (18) years of age or older whose whereabouts are unknown and who is missing under circumstances not conforming to their ordinary routine and habits; or who may be in need of assistance or intervention.

3.4.1. In addition, federal law (Suzanne’s Law) requires that anyone who is under the age of 21 and is missing, be immediately entered into the NCIC missing person file. This is the same requirement for missing juveniles.

3.5. **Missing At-Risk Adult** – An adult will be considered at risk if any of the following exist:

3.5.1. The person has a diminished mental capacity or condition such as Alzheimer’s or dementia.

3.5.2. The person missing is in the company of another person under circumstances indicating that their physical safety is in danger.

3.5.3. A person is missing and their absence is unexplained.

3.6. Some considerations for classifying someone as missing are:

3.6.1. The person has no previous pattern of disappearing.

3.6.2. The reporting party delayed reporting the person missing (this may be an indicator of potential abuse within the family).

3.6.3. The person recently reported being followed or being stalked.

3.6.4. The person is absent under circumstances inconsistent with established patterns of behavior.

3.6.5. The person is missing under circumstances that lead police to believe that the person may have been the victim of a crime.

3.6.6. The person is missing and no reasonable explanation for the absence can be determined.

4. **Procedure:**

4.1. A limited number of officers (usually one officer) should respond to the scene to interview the complainant.
4.2. Reporting Officer’s Responsibilities

4.2.1. A case report will be taken in reference to all reports of missing persons made to this department. Any supplemental reports will be recorded as a priority report.

4.2.2. The reporting officer will ensure that an ‘Attempt to Locate’ (ATL) is placed in the BOLO listing.

4.2.3. The reporting officer will immediately notify a shift supervisor of a report of a missing person. If a detective is the reporting officer, they will immediately notify their Section Commander.

4.3. Shift / Section Supervisor’s Responsibilities

4.3.1. The Shift Supervisor will review the circumstances surrounding the reported missing person and decide what course of action should be taken. The supervisor will also notify the Shift Lieutenant responsible for shift in which the missing person incident is occurring.

4.3.2. The supervisor will determine if the search should be expanded using additional personnel from either inside or outside the department if appropriate.

4.3.3. After notifying the supervisor, the reporting officer will ensure that the missing person has been entered into NCIC, if appropriate. In order to enter a missing person into NCIC, the missing person must meet one of the following criteria:

- the person has a proven physical or mental disability,
- the person is missing under circumstances indicating that he/she may be in physical danger,
- the person is missing after a catastrophe,
- the person is missing under circumstances indicating his/her disappearance may not have been voluntary,
- the person is under the age of 21 and he/she does not meet the above criteria, or
- the person is 21 and older and does not meet any of the above criteria but for whom there is a reasonable concern for their safety.
4.3.4. At shift change, the outgoing supervisor will brief the incoming shift supervisor (typically the “early in” sergeant) as to the status of the missing person investigation. The responsibility for the continued investigation of the missing person then becomes that of the incoming shift.

4.4. Investigative Services Division Responsibilities

4.4.1. The detective responsible for checking in the various reports will ensure that all missing person reports are accounted for.

4.4.2. If a report is not available, the detective will immediately take all necessary steps to obtain the report and initiate follow-up, if warranted.

4.4.3. After receiving the initial missing person report, the detective in charge of the investigation shall insure that all appropriate information is integrated into the NCIC Missing Person File and the South Dakota Missing Persons Clearinghouse in accordance with SDCL 23-3-18.4 & 23-3-18.6.

4.4.4. Collection of direct reference DNA samples shall be obtained as soon as practical and entered into evidence.

4.4.4.1. If direct reference DNA samples are not available, family reference DNA sample shall be collected from the appropriate family members within the first 30 days of the missing person report.

4.4.4.2. Samples will be collected and submitted using the DNA reference sample collection kits supplied by the SD Forensic Laboratory.

4.4.4.3. If the missing person file is still open after 60 days, the collected DNA sample will be forwarded to the SD Forensic Laboratory for coordination of testing and inclusion into CODIS.
Policy: Arson Investigations

Related Policies: Section #: 700 Offenses
Policy #: 709
Effective: 6/2020

This policy is for internal use only and does not enlarge an employee’s civil liability in any way. The policy should not be construed as creating a higher duty of care, in an evidentiary sense, with respect to third party civil claims against employees. A violation of this policy, if proven, can be used as basis of a complaint by this department for nonjudicial administrative action in accordance with the laws governing employee discipline.

Policy Owner: USD
Reference:

Sensitivity Level: ☑ Public ☐ Law Enforcement Eyes Only

1. Purpose:

1.1. This policy is created to assist officers of the Sioux Falls Police Department in the investigation of arson investigations.

2. Policy:

2.1. Regardless of the origin of the investigation, when arson is suspected, the scene will be protected as soon as possible to prevent unauthorized access and possible destruction of evidence.

3. Procedure:

3.1. One officer should be dispatched.

3.2. Arson investigations are a cooperative effort between the police department and Sioux Falls Fire Rescue.

3.3. Whenever a complaint or information is received from sources other than Sioux Falls Fire Rescue, they shall be notified.

3.4. The Crime Lab shall be summoned to process the scene with Sioux Falls Fire Rescue, if they or a shift supervisor find it necessary.
3.5. A police arson investigator will be summoned to all fire death scenes reported to the police department.

3.6. A shift supervisor should check in at the command post established by Sioux Falls Fire Rescue at all serious fires. This will provide for better-coordinated efforts by both police and fire investigators.
# Fraud Investigations

**Purpose:**

1.1. This policy is created to provide guidance for members of the Sioux Falls Police Department during fraud investigations.

**Policy:**

2.1. Due to the complex nature of fraud investigations, careful consideration by the responding officer to these types of calls is needed.

**Procedure:**

3.1. Forgery

3.1.1. Not in Progress Report Calls

3.1.1.1. One officer should be dispatched to the scene if the offense is not in progress.

3.1.1.2. The preliminary investigation will include obtaining the original check and a fraudulent check report for the purpose of identifying the suspect.
3.1.1.3. Be sure to get the personal information for the person that actually accepted the check, whether that person is working or not, at the time the report is filed.

3.1.1.4. If the person who accepted the check did not initial or personally identify the check, this should be done as soon as possible.

3.1.1.5. Forged check cases, whether it is an attempt or a check was actually cashed, are felonies.

3.1.1.6. Always take the documentation that is available and make a case report.

3.1.2. In progress forgery calls

3.1.2.1. For in-progress forgeries, two officers should be dispatched.

3.1.2.2. The case should be investigated to the point if the account holder can be contacted and advises that the instrument was issued without the account holder’s knowledge and consent, an on-site arrest can be made.

3.1.2.3. If there is not contact with the account holder, or person whose name was forged, all parties should be identified and a case report taken.

3.1.2.4. It is not necessary to send the check through the bank.

3.2. Counterfeiting

3.2.1. One officer should be dispatched to the scene.

3.2.2. The officer should establish the counterfeit nature of the item.

3.2.3. The counterfeit item will be initialed and dated on the border of the item for identification by the person who received it and the officer taking custody.

3.2.4. Whenever a counterfeit bill has been recently passed, an examination should be made of other currency and a canvass of nearby establishments conducted as soon as possible to determine if others have been passed.

3.2.5. To make an on-site arrest, investigation must support intent, or direct knowledge, that the passer knew the item was counterfeit.

3.3. Fraud

3.3.1. One officer should be dispatched to the scene for report call and two officers should be dispatched for in-progress calls.
3.3.2. Fraud investigations are varied, and the officer should perform those functions particularly applicable to the individual cases.

3.3.3. Some commonly encountered frauds include the following:

3.3.3.1. Shortchange artists.

3.3.3.2. Theft of Service—(If a restaurant, the officer should obtain the original guest ticket, or if a motel, the guest registration and charges or a copy of it.)

3.3.3.3. Credit card violations—(Officers should obtain a copy of charges.)

3.3.3.4. Theft by deception.

3.3.3.5. Identity theft—(which is a felony).

3.3.3.6. On all five of these, the distinction between felonies and misdemeanors is the same as theft.

3.3.4. Check Fraud

3.3.4.1. Case reports are not needed for NSF Checks except for the following exception:

3.3.4.1.1. If an individual NSF check is at, or exceeds, $2,500.00, a report may be filed so that it can be reviewed for possible criminal prosecution.

3.3.4.2. Victims of NSF (Non-Sufficient Funds) checks will need to file their case in a Civil Court by reporting to the Clerk of Courts Office in the appropriate county. Direct the reporting party to contact the respective Clerk of Court’s office for instruction on how to file.

3.3.4.3. Case reports will still be taken for No-account or forged check cases. If you take a report, have the victim fill out the Minnehaha County Fraudulent Check Report.

3.3.4.4. The report needs to be notarized.

3.3.4.5. The form and check can either be turned over to the reporting officer at the time, or the follow-up investigator will collect it.

3.3.4.6. No-account checks and nonsufficient funds check cases cannot be prosecuted if over six (6) months old.

3.3.4.7. Postdated checks cannot be prosecuted.
3.3.4.8. No checks from anonymous persons or sent through the mail will be investigated.

3.3.4.9. Only violations that occur in our jurisdiction will be prosecuted.

3.3.4.10. If taking a case report, and take the supporting documentation while on the scene.

3.3.4.11. Non-sufficient funds (NSF) and account closed checks need to be sent through the banking system and dishonored before they can be charged out.

3.4. Embezzlement

3.4.1. One officer should be dispatched.

3.4.2. In cases of embezzlement of rented property or vehicles, the officer conducting the preliminary investigation should obtain the original contract, the demand letter, and registered return receipt for follow-up.

3.4.3. In cases of embezzlement by employee, the officer should:

3.4.3.1. Obtain a synopsis cover letter from the victim describing the events leading to the detection of the embezzlement.

3.4.3.2. Determine with the Reporting Party the total dollar amount or value of the embezzled property, and whether or not there is reason to believe that the suspect had embezzled anything beyond what has already been discovered.

3.4.3.3. If there is reason to believe that the suspect had embezzled more than what has already been discovered, regardless of the total dollar amount or value, complete a case report.

3.4.3.4. If there is no reason to believe that the suspect had embezzled more than what was already discovered, the dollar amount is less than $400.00, the suspect and business agree to the total dollar amount or value of embezzled property, and the adult suspect fits the following criteria, than the adult suspect may be issued a citation for 22-30A-10, Embezzlement of Property Received in Trust and given a court date for their initial appearance.

3.4.3.4.1. The adult suspect has a valid picture form of identification issued by a governmental agency in their possession;

3.4.3.4.2. The adult suspect does not have any warrants;
3.4.3.4.3. The adult suspect is cooperative (with both the store’s loss prevention/management and responding police officers);

3.4.3.4.4. The officer reasonably believes the adult suspect does not present a danger to himself/herself or others;

3.4.3.4.5. The officer reasonably believes the adult suspect will appear in court in response to the citation; and

3.4.3.4.6. Once the responding officer has determined that the above criteria have been met, he / she will contact the Minnehaha County Jail to determine the next available court date for a class II embezzlement arrest.

3.4.3.4.7. The arresting officer will then complete a uniformed summons and complaint, citing the adult into court.

3.4.3.4.8. The adult suspect will be given the “Sioux Falls Police Department Shoplifting/Embezzlement Advisory” card.

3.4.3.4.9. This card will instruct the adult suspect to report to the jail for fingerprints and mug shots prior to their initial appearance.

3.4.3.4.10. This card will be filled out by the officer at the time of the arrest.

3.4.3.4.11. The adult suspect will then be released after signing the citation. Officers will escort the suspect out of the store.

3.4.3.4.12. A case report will be completed.

3.4.3.5. If there is no reason to believe that there is evidence that the suspect had embezzled more than what was already discovered, the dollar amount is at least $400.00 and up to $1,000.00, and both the business and suspect agree to the total dollar amount or value of the embezzled property, the suspect can be placed under arrest for 22-30A-10, Embezzlement of Property Received in Trust. A case report and an arrest report will be completed.

3.4.3.6. In all cases in which the dollar amount and the value of the embezzled property exceeds $1,000.00, no probable cause arrest shall be made, and a case report will be completed.

3.4.4. A case report will be submitted for all Embezzlement Cases.

3.4.5. Include all documents substantiating their suspicions.
3.4.6. In cases of embezzlement by contractor, obtain copies of the contract, when available, and copies of receipts or original checks indicating payment to said contractor.
1. Purpose:

1.1. This policy is created to assist members of the Sioux Falls Police Department in the investigation of calls for service regarding lost, stolen, or found property.

2. Policy:

2.1. Members of the Sioux Falls Police Department will make an effort to assist members of the community in finding or returning property that may have been lost, found or stolen.

3. Procedure:

3.1. Found Property

3.1.1. If the officer cannot immediately locate the owner and return the property, the officer will complete a case report and place the found property into evidence.

3.1.2. The officer should inform the person who found the property of the procedure for claiming the property if the owner of the property cannot be found. The procedure is:

3.1.2.1. After 30 days they may call the Crime Lab to verify whether the found property has been claimed or not. If the property has not been claimed,
they will need to run an ad in the *Argus Leader* lost and found section. The ad must run for three (3) consecutive days. The ad must contain:

3.1.2.1.1. A general description of the property.

3.1.2.1.2. A general location of where property was found.

3.1.2.1.3. The date the property was found.

3.1.2.1.4. The telephone number of the Crime Lab.

3.1.2.1.5. The case number of the report.

3.1.2.2. Two weeks after the last ad was run, they should call the Crime Lab to see if the property was claimed. If the property was not claimed, they need to bring the three (3) ads from the *Argus Leader*. Once proof of the ads has been produced, the property will be released to them if it is not under investigation by the police department or an owner has not been identified.

3.2. Lost Property

3.2.1. A case report will be filled out. The Investigative Services Division will check the found property reports to see if anything matches what has been reported as lost property.

3.3. Stolen Property

3.3.1. If the officer determines that the property in question is stolen, a case report will be completed. The officer will note in the case report if any NCIC checks have been completed or have not been completed.

3.3.2. The property should be placed into evidence so that the follow-up investigator can attempt to locate the owner of the property.

3.3.3. The officer should run the serial numbers of the property in question through NCIC to determine if the property has been listed as stolen property.
Mental Health Investigations – Suicide Attempts

1. Purpose:

1.1. This policy is created to assist officers of the Sioux Falls Police Department during the investigation of mental health calls for service.

2. Policy:

2.1. Officers of the Sioux Falls Police Department will investigate all mental illness calls for service. The Sioux Falls Police Department will conduct these investigations with the overall objective of getting the subject of the investigation the necessary assistance they need to help resolve the situation. A person that is suicidal may not be thinking logically. Therefore, officers will keep officer safety in mind at all times.

3. Definitions:

3.1. **Danger to Others – SDCL 27A-1-1 (4)** - Behavior due to severe mental illness that supports a reasonable expectation that the person will inflict serious physical injury upon another person in the very near future.

3.2. **Danger to Self – SDCL 27A-1-1 (5)** - Behavior due to severe mental illness that supports a reasonable expectation that the person will inflict serious physical injury upon himself in the very near future.
3.3. **Probable Cause** – As it pertains to mental illness holds is stated in SDCL 27A-10-3: *A peace officer may apprehend any person that he has probable cause to believe requires emergency medical intervention. The officer must believe, on the basis of probable cause to believe, that such person is a danger to self and/or others. The officer must also be able to articulate the specific nature of the danger and the facts that caused the officer to come into contact with the person being petitioned.*

4. **Procedure:**

4.1. Mental Illness

4.1.1. A minimum of two officers should be dispatched.

4.1.2. If a family member is not present, an attempt should be made to contact them, so they can make arrangements for medical attention. In cases where the family refuses to make the necessary decisions, the officer may apprehend the person if there is probable cause to believe emergency action is necessary.

4.1.3. A peace officer may apprehend any person that he has probable cause to believe requires emergency medical intervention. He must believe on the basis of probable cause that such person is a danger to self and/or others. He must be able to articulate the specific nature of the danger and the facts that caused him to come into contact with the person being petitioned.

4.2. Mobile Crisis Team SDCL 27A-10-21

4.2.1. The Mobile Crisis Team (MCT) is a team of qualified mental health providers who are available to respond to calls for service involving people with suspected mental illness and/or are in a state of mental crisis. The mental illness and/or crisis has in turn, lead the person to be a potential danger to themselves or others. It is the intent of MCT to develop a safety plan as a diversion to a mental hold. If an officer has determined probable cause exists to place the person on a mental hold due to such mentioned danger, the option of referring the subject to the MCT should be considered. Per state statute, probable cause for a mental hold must exist before contacting MCT. If the individual wishes to voluntarily admit him/herself to the psychiatric hospital, officers may provide transportation following the department’s protocol for transporting individuals in custody. (See section 4.13.3.)

4.2.2. MCT may be contacted by calling the pager number, which is 605-330-6158. The officer will enter a call-back number and should be contacted by MCT within five minutes. If the officer does not receive a return call in that time frame, an
additional call to the pager should be made. If still unable to get a response, the officer may contact the MCT Coordinator directly.

4.2.3. The officer will give the MCT on-call team member a synopsis of the situation and advise him/her of the location in which to respond. If the team member does not believe the call is appropriate for response, he/she will tell the officer the reason for declining and that information is to be included in the mental hold petition.

4.2.4. Dependent on the circumstance, the MCT member may meet the officer at the person’s home, place of employment, school, Crisis Care Center (CCC) or other safe location agreed upon by the team member.

4.2.4.1. The Crisis Care Center (CCC) is located on the second floor of the Public Safety Building, 500 N. Minnesota Avenue. Officers will need to enter the building through the sally port. Transportation to the CCC is voluntary, but will still require officers to follow department procedures for transporting persons in custody.

4.2.4.2. MCT members will not meet with persons in their personal vehicles. Officers need to make sure appropriate accommodations are made for a safe and suitable meeting location.

4.2.5. If cause for a mental hold has been met, but any of the following exceptions exist, MCT should not be contacted and the individual should be placed a mental hold:

1. The person has harmed him/herself and needs medical attention and/or there are concerns the person may have overdosed.
2. The person is actively violent.
3. The person is incapacitated by drugs and/or alcohol.
4. In cases of juveniles, a parent or legal guardian is not present to give signed consent for MCT services.

4.2.6. Officers must complete a MCT referral form anytime MCT has responded to a call and will give one copy to the MCT member on scene. The other copy of the form must be turned into Records at the end of the officer’s shift, which will then be forwarded to the department’s MCT liaison officer. (MCT forms will be destroyed 90 days after the date of MCT services.)
4.2.7. If MCT responds to a service request, officers will remain present until released by the MCT member for safety reasons. If released from the scene and asked to return because a mental hold needs to take place, officers will return and complete the mental hold petition and will provide transportation to the hospital. If the person voluntarily decides to self-admit to the hospital, the officers will transport and the MCT member will follow and stay with the person at the hospital until he/she is turned over to assessment staff.

4.3. Memory Impaired

4.3.1. When an officer comes into contact with a person who is “memory impaired” from causes other than intoxication, he must attempt to locate where the person is to be so that proper care is provided.

4.3.2. Memory impairment may be caused by Alzheimer’s disease, developmental disability, injury, or other medical conditions. If the officer cannot readily locate where the person lives and make sure that they will be cared for properly, the person may be brought to the Law Enforcement Center lobby until other arrangements can be made. The Information Desk Officer is not to be used to monitor these individuals.

4.3.3. The department maintains information in the Records Management System regarding people with memory impairment. Information gathered will be recorded on a Field Interview (FI) form for the purpose of safely returning the person to their home. The Field Interview form will contain current information for the individual, most importantly, their home address and current contact information for family members or caregivers.

4.3.4. In addition to the FI information, at least two digital photographs, preferably a front and side view, will be taken of the individual. This will aid in identifying and relocating the individual in the future.

4.3.5. The digital photographs will be uploaded into the S: drive/Police/Memory Impaired folder. The file name will contain the individual’s name and birth date. I.e. John Doe 01011977. Officers will send an e-mail to the Investigative Services Division Technical Clerk advising of the new files. The ISD clerk will then attach the photos to the individual’s jacket.

4.4. Attempted Suicide

4.4.1. A minimum of two officers should be dispatched.
4.4.2. Upon arrival, the officers should isolate the individual and ensure that they cannot harm themselves any further. The officers should also make sure the scene is safe for other first responders who might arrive.

4.4.3. If the individual requires medical treatment, it should be offered to them once the scene is safe for the responding medical personnel.

4.4.4. An interview of the individual and witnesses should be made to help the officer establish the circumstances pertaining to the suicide attempt.

4.4.5. The officer should document statements made by the individual to the officer, statements the individual made to witnesses prior to the officer’s arrival, the individual’s method or plan to harm themselves, and any other information that will help the officer establish probable cause to place a mental hold on the individual. Any stated mental health diagnoses, psychotropic medications, etc. should also be documented, if available.

4.4.6. The officer should also document the presence of notes, weapons, pill bottles, blood, injuries on the individual, and any other evidence to help establish probable cause that the individual intended to harm themselves or others.

4.4.7. All items that are of an evidentiary nature should be placed into evidence at the LEC. All of the information the officer gathers will be documented on a case report.

4.5. Danger to Self – SDCL 27A-1-1 (5)

4.5.1. Behavior due to severe mental illness that supports a reasonable expectation that the person will inflict serious physical injury upon himself in the very near future; or will be in danger of serious harm in the very near future.

4.5.2. Such behavior shall be evidenced by recent acts that constitute a danger of suicide or self-inflicted serious physical injury. Such acts may include a recently expressed threat if the threat is such that, if considered in light of the person’s recent previous acts, it is substantially supportive of an expectation that the threat will be carried out; or recent behavior or related physical conditions that show there is a danger of serious personal harm in the very near future as evidenced by an inability to provide for some basic human needs such as food, clothing, shelter, physical health, or personal safety, or by arrests for criminal behavior which occur as a result of the worsening of the person’s severe mental illness.
4.5.3. This definition is interpreted by the State’s Attorney’s Office to include persons so disoriented that they could harm themselves without any intent by being unable to care for themselves (i.e. wandering onto a busy highway, sleeping outside in the winter, falling in the river, etc.). Mental handicap, epilepsy, other developmental disability, or alcohol / substance abuse do not alone constitute mental illness.

4.5.4. If an individual is deemed to be a danger to himself/herself or others, and the individual cannot be located during the initial investigation, the reporting officer should ensure that a BOLO is put out, and the individual is entered into NCIC.

4.6. Danger to Others – SDCL 27A-1-1 (4)

4.6.1. Behavior due to severe mental illness that supports a reasonable expectation that the person will inflict serious physical injury upon another person in the very near future.

4.6.2. Such behavior shall be evidenced by recent acts that constitute a danger of serious physical injury for another individual. Such acts may include a recently expressed threat if the threat is such that, if considered in light of the person’s recent previous acts, it is substantially supportive of an expectation that the threat will be carried out.

4.7. Emergency Mental Illness Holds

4.7.1. When the officer has obtained the probable cause to believe that an emergency intervention is required to safeguard the safety of that person or others and the Mobile Crisis Team is either not an option or was not successful as a hold diversion, an emergency mental hold should be placed on that person and a mental health petition completed by the officer or other individual with personal knowledge.

4.7.2. SDCL 27A-10-5 states:

Immediately after a person is taken into custody and an emergency mental hold is initiated, he shall be notified both orally and in writing (1) of his right to immediately contact a person of his own choosing; (2) of his right to immediately contact and be represented by counsel; (3) that he will be examined by a qualified mental health professional, designated by the county board of mental illness, within twenty-four (24) hours of being taken into custody to determine whether custody should continue; (4) if custody is continued, of the right to an independent examination; and (5) of the right to a hearing within five (5) days after being taken into custody, within six (6)
days if there is a Saturday, Sunday, or holiday within that time period, or within seven (7) days if there is a Saturday, Sunday, and holiday within that time period.

4.7.3. SDCL 27A-15-33 adds to the above that if the person is a minor, he has the right to immediately contact a parent, guardian, legal custodian, or other person of his choosing. These warnings are kept on the shelves for forms in the Patrol Report Room.

4.7.4. Once the officer has completed the electronic petition the on-call mental health investigator should be paged. The officer should notify the investigator that the petition has been uploaded and provide the name of the individual. While handling the initial call officers should interview any person eighteen (18) years of age or older who has personal knowledge that the individual in question is a danger to themselves or others. That additional information should be included in the supplemental information tab of the electronic petition. Other persons may sign a petition, but an officer must place the hold.

4.7.5. Should a situation arise where an officer is unable to complete a petition electronically, page the on-call mental health investigator as soon as possible to notify him of the detention and to make arrangements to complete the required paperwork. All information contained in the electronic petition form should be relayed to the mental health investigator.

4.7.6. Because there is insufficient time to send out court notification slips for mental illness hearings the officer placing a mental hold should always appear at the designated hearing times unless notified otherwise. Mental illness hearings are held at the Behavioral Health Center. For those persons taken into custody on an emergency mental hold after midnight on Sunday and prior to 1600 hours Wednesday, the designated hearing will be held on Friday at 0900 hours. For those taken into custody after 1600 hours on Wednesday and prior to 0000 hours on Sunday, the hearing will be held on Tuesday at 1315.

4.8. Mental Hold with Warrant and/or Criminal Charge SDCL 27A-12-27(7); 27A-12-27.1; 27A-12-27.2

4.8.1. If an individual placed on an involuntary mental hold has an arrest warrant(s) and/or criminal charge(s), Avera Behavioral Health (or another inpatient facility housing the individual) will be notified both verbally and by written notice to contact law enforcement prior to discharge for the purpose of obtaining custody upon discharge.
4.8.1.1. The officer will complete a form, giving notice to the hospital of law enforcement’s request to be notified pending patient discharge. The current form is titled, “Notice to Avera McKennan Behavioral Health Center Inpatient Program of Law Enforcement Request to be Notified of Patient Pending Discharge”, but may be a derivative of that title with future updates. The original form, along with verbal notification, will be given to the psychiatric hospital’s security officer or an assessment team member. The duplicate copy will be turned in to the Records Department at the end of the officer’s shift. The original form must be hand delivered to the facility or via electronic facsimile. If sent via facsimile, oral notice must also be given. If the person is held at another inpatient facility, the officer will modify the title of the form and determine to whom at the other inpatient facility the written and oral notice will be given.

4.8.1.1.1 The law enforcement contact information on the form shall be Metro Communications with a contact phone number of 605-367-7000.

4.8.1.1.2 The Call for Service (CFS) number shall be written near the top of the form.

4.8.2. Avera Behavioral Health (or another inpatient facility) may detain the individual for law enforcement in their facility for a period of time not to exceed four hours after the set time for discharge. There is no minimum required time the facility must hold the person; however, the facility must give notice of pending discharge “as reasonably as practical before discharge.”

4.9 Mental Holds without Serious Injury

Anytime an individual presents, without a serious injury, the Mobile Crisis Team should be considered as a primary option when appropriate.

4.8.1. Individuals taken into custody by law enforcement on a mental illness hold without serious injury will be brought to the Avera Heart Hospital Emergency Department (HHED), 4900 West 69th Street, for medical screening prior to admission to the Behavioral Health Center (BHC) on the hold.

4.8.2. This procedure is for mental illness holds where the individual does not have an injury or only minor injuries, such as lacerations, bruises, scrapes, etc. HHED will be able to treat these minor injuries prior to admission to the BHC.
4.8.3. A medical professional will conduct a screening examination in an Intake Room just off of the lobby area. If a person is medically appropriate for admission to the BHC, the attending or an on-call psychiatrist will provide admission orders.

4.8.4. SFPD officers will assist BHC security staff with escorting the patient to the BHC, which is connected by a walkway to the Heart Hospital. BHC has one person per shift staffed as security. If the security officer is not able to assist with the escort because of in-progress security issue at the BHC, SFPD officers will be responsible for escorting the patient to the BHC. Once the mental illness hold patient is in the BHC facility and has been turned over to the BHC staff, the officer(s) will return to service. Officers, at their discretion, can have their cover officer go back in service if the BHC security officer is assisting with the escort to the BHC.

4.8.5. The Heart Hospital staff is responsible for contacting the Behavior Health security officers. If there is going to be a delay of more than 45 minutes for the initial medical screening process, the Behavior Health Security staff will be responsible for escorting the patient to the BHC from the Heart Hospital Emergency Room. This allows SFPD officers to return to service more quickly. (If a security officer is not available in this instance, SFPD officers will remain with the subject until relieved by BHC security or officers can escort patient to the BHC themselves.)

4.8.6. If, after medical stabilization, the HHED finds that the mental hold patient has a medical need that is beyond the normal scope of treatment at the Avera Heart Hospital and beyond the capability for medical treatment at the BHC, then the patient may be transported to Avera McKennan Hospital for that medical treatment. The transportation will be handled by Rural/Metro Ambulance.

4.8.7. Officers will advise Metro Communications when they have a person they want to take to the Heart Hospital Emergency Department (HHED) for a mental hold. Metro Communications will contact the HHED and advise them officers are en route with a mental illness hold. HHED will ensure they have staff available when the officer(s) arrive. The contact number for HHED is 977-7000.

4.8.7.1. Avera Heart Hospital and the Avera Behavioral Health Center are located on the same campus but are two separate buildings and two different businesses. Anytime law enforcement takes an individual into custody regarding a mental hold the subject will be taken to the same campus. Dependent on whether the subject is a voluntary or an involuntary
committal will determine which building the officer transports the subject to.

4.8.7.2. Once law enforcement notifies Metro they are enroute with a transport the officer should advise if they are enroute to the Heart Hospital or to Behavioral Health. This information will be necessary when the Metro dispatcher makes the notification call. After being provided this information Metro dispatch will notify the Avera Heart Hospital Emergency Room by calling 977-7000 and inform them of the transport and to the specific building the officer is en-route to.

4.8.8. Officers can park in the driveway in front of the Emergency Room at the Heart Hospital and use the Emergency Room entrance. It is a half circle driveway for pick-up and delivery of patients. Officers should park as far forward as possible in order to not block the wheelchair access to the entrance.

4.9. Mental Illness Holds with Serious Injury

4.9.1. If a serious or potentially serious injury exists, the person on the mental illness hold will be transported to the Avera McKennan Emergency Room by Rural Metro Ambulance rather than to the Heart Hospital.

4.9.2. The following are potentially serious conditions:

4.9.2.1. Known or suspected drug overdose;

4.9.2.2. Gunshot wound;

4.9.2.3. Wound that is deep, gaping, or has resulted in significant blood loss;

4.9.2.4. An asphyxiation attempt by hanging, carbon monoxide, natural gas, or other means;

4.9.2.5. Chest pain or shortness of breath; however, a person with either of these cardiac symptoms may be transported to the HHED at the discretion of ambulance or law enforcement if not combined with any other symptom in this section;

4.9.2.6. Head injuries that have resulted in the loss of consciousness or significant reduction in consciousness; or

4.9.2.7. Other serious medical conditions that require immediate medical treatment or hospitalization.
4.9.3. After the patient has been medically cleared, Avera McKennan Hospital will arrange transportation to the Behavioral Health Center unless officers are asked to transport due to safety concerns.

4.10. Mental Illness Holds – Veterans Administration Hospital

4.10.1. The Veteran’s Administration (VA) Hospital has a fully functional psych unit which veterans can be admitted to on both a voluntary and involuntary basis. This is a great benefit to our local veterans. At the VA Hospital, they will be able to receive treatment that is covered by their veteran’s benefits and to have aftercare that fits their mental health needs. Eligible veterans will be transported directly to the VA Hospital. There is no need to transport them to Avera’s Behavioral Health Center unless the VA facility is full.

4.10.2. Our Department will need to ask specific questions of all individuals involved in either voluntary or involuntary emergency mental health interventions. The following steps will be followed.

4.10.2.1. The VA hospital has an Administrative Officer of the Day (AOD) on staff 24 hours a day at their facility.

4.10.2.2. On every voluntary or involuntary mental health intervention, prior to transport, our officers will need to call the AOD at 605-336-3230 and provide information regarding the subject. Officers need to provide the AOD the person’s name and the last four digits of the subject’s Social Security number.

4.10.2.3. If officers are unable to obtain this information then officers will provide the AOD whatever information they are able to obtain (Name, DOB etc.). The AOD will check the VA database immediately to determine if the person is eligible for VA hospital care.

4.10.2.4. If it is determined that they are eligible, officers will transport the person to the Emergency Room entrance on the South side of the VA Hospital. The VA Police will meet our Officers in the ER. If the person is placed at the VA under a mental hold (involuntary) then the officer will still need to complete and submit a mental hold petition as is normally required.

4.10.3. The VA Hospital can treat minor injuries including overdose at their facility. If the person has traumatic injury or is not eligible for VA care, then our department’s normal policy for mental health intervention will be followed.
4.11. Procedures for Violent Patients:

4.11.1. If the person is, in the opinion of officers, so violent that they cannot be appropriately managed at the BHC, the following will occur:

4.11.1.1. The person may be brought to the Avera McKennan Emergency Department for medical screening and then taken to jail; or

4.11.1.2. Officers may take a highly violent person directly to jail at their discretion.

4.12. Outpatient Treatment Orders:

4.12.1. SDCL 27A-10-9.5. Transportation by law enforcement—Limit upon detention and nonconsensual medication. The outpatient commitment order or treatment order constitutes a continuing authorization for law enforcement, upon request of the program director or the person's treating physician, to transport the person to the designated outpatient treatment program or to the treating physician's office for the purpose of making reasonable efforts to obtain the person's compliance with the requirements of the outpatient commitment or treatment order. However, no person may be detained at the program's or the physician's office for more than one hour unless the person consents, or may be physically coerced or required to take prescribed medications unless the outpatient commitment or treatment order contains a specific authorization for the nonconsensual delivery of prescribed medication, pursuant to § 27A-12-3.15. If a person has been involuntarily medicated on an outpatient basis, the necessity of treatment with psychotropic medication shall be reviewed and approved under the provisions of § 27A-12-3.16 and noted in the patient's medical record or chart.

4.12.2. When contacted by a program director or physician a Crisis Intervention Team trained officer will respond whenever practical. The responding officer will work with the mental health professionals in the fulfillment of the outpatient commitment or treatment order. As the law permits detention of the individual for up to one hour, the hour will begin as soon as a law enforcement officer limits the individual’s freedom to leave.

4.12.3. At no time will an officer of the Sioux Falls Police Department assist in the nonconsensual delivery of prescription medication.
4.13. **Miscellaneous:**

4.13.1. Mental illness holds will not be taken to the Detox facility operated at the Minnehaha County Public Safety Building.

4.13.2. Patients who are on a chemical dependency hold or emergency commitment under SDCL 34-20A-63 should be taken to Detox, and are not eligible for triage at HHED or BHC.

4.13.3. All voluntary admissions will be taken directly to the Behavioral Health Center instead of the Heart Hospital. Voluntary admissions are adults who state they want to voluntarily admit themselves into the care of Behavioral Health. These individuals may make statements to officers that would give the officer probable cause to place them on a mental illness hold. However, if the individual wants to voluntarily admit themselves, the officers do not need to place a hold on them. There is an intake form that officers will need to complete when they transport a voluntary admit to BHC. Voluntary admissions also include juveniles whose parents want to admit them, even though the juvenile is not willing.

4.13.4. The Minnehaha-Lincoln County Board of Mental Illness will be the entity that will oversee local mental illness hold issues.
1. Purpose:

1.1. This policy is created to provide officers of the Sioux Falls Police Department guidance in the investigation of vandalism cases.

2. Policy:

2.1. The Sioux Falls Police Department will investigate reports of vandalism with the intent of bringing those responsible for the damage to account for their actions in court.

3. Procedure:

3.1. A minimum of two officers should be dispatched when the offense is in progress, but one officer is sufficient for reporting.

3.2. The Crime Lab should be summoned by a shift supervisor only when the destruction of property is of great volume and there is reason to believe that physical evidence can be directly related to the offender.

3.3. Degrees of Vandalism

3.3.1. If the damage to property is $400 or less, it is a Class II misdemeanor.

3.3.2. If the damage exceeds $400 but does not exceed $1,000, it is a Class I misdemeanor.
3.3.3. If the damage exceeds $1,000 but does not exceed $100,000, it is a Class IV felony. If the damage is more than $100,000, it is a Class III felony.

3.3.4. These provisions do not apply if the damage occurred by arson, reckless burning, or exploding.

3.3.5. Determination for arrest on these offenses will be made using the same criteria as for any other arrest.
Policy:  Excited Delirium

1. Purpose:
   1.1. The purpose of this policy is to provide all personnel with knowledge and awareness of excited delirium; its causes, symptoms and the proper procedure to be followed when excited delirium is recognized or suspected.

2. Policy:
   2.1. It is the policy of the Sioux Falls Police Department to take active steps to recognize and accomplish the safe restraint of persons who are in the midst of an excited delirium episode and turn over to emergency services personnel as soon as possible.

3. Definitions:
   3.1. **Excited Delirium** – A state of extreme mental and physiological excitement, characterized by extreme agitation, hyperthermia, epiphoria (overflow of tears), hostility, exceptional strength, and endurance without fatigue.
   3.2. **Hypoxia** – An inadequacy in the oxygen reaching the body's tissues.
   3.3. **Hyperthermia** – Unusually high body temperature.
   3.4. **Hypoglycemia** – Lower than normal level of blood glucose
4. Causes of Excited Delirium

4.1. Listed below are some possible causes of excited delirium.

4.1.1. Drug Use, Hypoxia, Hypoglycemia, Stroke, Intracranial Bleeding

5. Identifying Persons Suffering from Excited Delirium:

5.1. The signs and symptoms of excited delirium are not unique to excited delirium and can often times be confused with mental illness or alcohol or drug use. Listed below are some signs for consideration when dealing with someone who may be experiencing excited delirium.

5.1.1. Speech

5.1.1.1. Irrational Speech or speaking in gibberish
5.1.1.2. Shouting, yelling, or screaming

5.1.2. Behavior

5.1.2.1. Confusion
5.1.2.2. Sudden changes in behavior, such as raging behavior followed by sudden calmness
5.1.2.3. Paranoia, believe that someone is after them
5.1.2.4. Frightened or panicky
5.1.2.5. Hallucinating or hearing Voices

5.1.3. Violent or destroying property

5.1.4. Physical Symptoms

5.1.4.1. Unexplained strength and / or endurance
5.1.4.2. High level of pain tolerance
5.1.4.3. Sweating profusely or a high body temperature
5.1.4.4. Foaming at mouth or drooling
5.1.4.5. Dilated pupils
5.1.4.6. Evidence of self-inflicted injuries
5.1.4.7. Removing clothing or completely naked

6. Procedures:

6.1. Initial Response

6.1.1. The initial response to an individual suspected of suffering from excited delirium should follow the CALMS model.
6.1.2. **Containment** – Ensure the subject is contained in a manner which protects all persons including the officer(s) and the subject and that the subject is controlled within the containment area.

6.1.3. **Announcement** – Let the dispatcher know that the officer believes he/she is dealing with an excited delirium subject.

6.1.4. **Lots of Backup** – Extra officers are necessary to deal with custody procedures which are, as indicated in the cases above, extremely difficult. In situations where the subject is outside, the extra officers will also be necessary for the containment perimeter. If there are specially trained crisis intervention officers, or trained negotiators available, they should be called.

6.1.5. **Medical Attention** – Medical Attention shall be called to the scene and staged to provide immediate medical attention to the subject once the subject is controlled and it is safe to provide medical attention.

6.1.6. **Slow down** – If the safety of the public or third parties is not in danger, take your time.

6.2. **Dispatch Protocol**

6.2.1. If upon arrival and assessing the call for service, the officer feels that the subject of the call is possibly suffering from excited delirium, the officer should inform Metro Communications of their assessment. Use of the phrase “Excited Delirium” will prompt Metro Communications to enact their protocol.

6.2.2. Metro Communications will initiate a Code 3 EMS dispatch for Sioux Falls Fire Rescue and Paramedics Plus Ambulance. SFFR and RMA will stage in a location in close proximity to the call for service, but will not enter the scene until advised to do so by law enforcement present on the scene.

6.2.3. Metro Communications will also dispatch a police supervisor to the call for service, who will respond to the scene to monitor the situation.

6.3. **Tactical Response**

6.3.1. Pre-plan with assignments. For instance, which officer is going to play what role? Who is the negotiator? Who will take which extremity?

6.3.2. Remember trigger-touch. Persons suffering from excited delirium may become more agitated by some triggering event, such as close in on body space or touching.

6.3.3. Assigning officers for each limb has been found to be effective for the purposes of control during the restraint process.

6.3.4. Assign an officer to protect the head during the restraint process. This officer should speak calmly to the subject in an effort to reduce agitation.

6.3.5. A four officer approach contemplates at least one officer for each limb.
6.3.6. Get medical help immediately. While the first instinct may be to take the individual to jail, medical treatment is the first priority in dealing with someone suffering from excited delirium. Seek medical treatment immediately if available upon accomplishing control / restraint.

6.4. Emergency Medical Treatment

6.4.1. While this policy is not trying to dictate or override current EMS protocols, initial medical treatment recommended for EMS personnel might include the following steps:

6.4.1.1. Follow all local medical protocols.
6.4.1.2. Consider using a pulse oximeter to determine oxygen levels.
6.4.1.3. Utilize a cardiac monitor to monitor cardiac condition.
6.4.1.4. Consider external cooling measures where appropriate.
6.4.1.5. Conduct a blood-glucose test.

6.4.2. Paramedics Plus Ambulance will transport the subject to the emergency department of either Sanford or Avera McKennan Hospitals for medical evaluation. Once a medical evaluation has been conducted and the subject has been cleared for release, any applicable charges will be assessed and the subject will be transported to the county jail for incarceration. The jail will need a copy of the release paperwork before they will accept an excited delirium patient / prisoner.

6.5. Review Process

6.5.1. Any incident that is classified as an excited delirium incident will be reviewed by a committee made up of individuals from the EMS agencies involved, SFFR and RMA, REMSA, Metro Communications and law enforcement agencies in Minnehaha County. The purpose of this review is to be able to better understand instances of excited delirium that occur within the county and to be able to better respond to incidents in the future. A review may also help the REMSA board be able to make changes to EMS response protocols.
1. Purpose:

1.1. The purpose of this policy is to establish guidelines and responsibilities regarding the Sioux Falls Police Department’s response to reports of missing children.

2. Policy:

2.1. It shall be the policy of the Sioux Falls Police Department to thoroughly investigate all reports of missing children. Every child reported missing to this agency will be considered at risk until information to the contrary is developed.

2.2. Jurisdictional conflicts are to be avoided when a child is reported missing. If a missing child either resides in, or was last seen in this jurisdiction, the Sioux Falls Police Department will immediately initiate the required reporting process. If a child resides in this jurisdiction and was last seen in another jurisdiction, but the law-enforcement agency responsible for that jurisdiction chooses not to take a missing-child report, the Sioux Falls Police Department will assume reporting and investigative responsibility.

2.3. Questions concerning parental custody occasionally arise in relation to missing child (ren) reports. It shall be the policy of the Sioux Falls Police Department to accept the report of a missing child even if custody has not been formally established. Reporting parties shall be encouraged to obtain legal custody as soon as possible. However, since the safety of the missing child (ren) is paramount, members of the Sioux Falls Police Department will open a case when it can be shown the child has been removed, without explanation, from his or her usual place of residence. If custody has not been established by the Court, the role of law-enforcement is to ensure the safety of the child.
3. Definitions

3.1. **Missing child** – A person who is younger than 18 years of age and whose whereabouts are unknown to his or her custodial parent, guardian, or responsible party.

3.2. **Types of Missing Children Cases** - Officers should be aware they might encounter several types of missing-child cases, each with their own unique response requirements. They include:

   3.2.1. **Nonfamily abduction** – Involves a child who has been wrongfully taken by a nonfamily perpetrator through the use of physical force, persuasion, or threat of bodily harm.

   3.2.2. **Family abduction** – Occurs when, in violation of a court order, a decree, or other legitimate custodial rights, a member of the child’s family, or someone acting on behalf of a family member, takes or fails to return a child. This may also be referred to as parental kidnapping or custodial interference.

   3.2.3. **Runaway child** – Often a teenager, leaves home voluntarily for a variety of reasons. This would include any child 17 years of age or younger.

   3.2.4. **Thrown Away Child** – A child whose caretaker makes no effort to recover the child after running away, who has been abandoned or deserted, or who has been asked to leave his or her home and not allowed to return. While not necessarily reported to authorities as missing, children in this category frequently come to the attention of law enforcement.

   3.2.5. **Lost, Injured, or Otherwise Missing child** – A child who has disappeared under unknown circumstances. The incident may range from the child wandering away and becoming lost to the child being abducted, wherein no one witnessed the act. These circumstances sometimes involve “foul play,” where those reporting the incident are attempting to cover-up a crime involving the child.

3.3. **At Risk Children** – A missing child will be considered **at risk when one or more risk factors** are present.

   **Risk factors** to consider when working a missing child case are:

   3.3.1. The child 13 years of age or younger.

   3.3.2. The child is out of the zone of safety for his or her age and developmental stage.

   3.3.2.1. The zone of safety will vary depending on the age of the child and his or her developmental stage. In the case of an infant, for example, the zone of safety will include the immediate presence of an adult custodian or the crib, stroller, or carriage in which the infant was placed. For a school-
3.3.3. The child has mental or behavioral disabilities.

3.3.4. The child is drug dependent; including prescribed medication and/or illegal substances, and the dependency is potentially life-threatening.

3.3.5. The child has been absent from home for more than 24 hours before being reported to law enforcement as missing.

3.3.6. The child is in a life-threatening situation.

3.3.7. The child is in the company of others who could endanger his or her welfare.

3.3.8. The child is absent in a way inconsistent with established patterns of behavior and the deviation cannot be readily explained.

3.3.9. The child is involved in a situation causing a reasonable person to conclude the child should be considered at risk.

3.4. A supervisor will be contacted and will evaluate if an expanded investigation is appropriate. The supervisor can also consult with the shift lieutenant or Crimes Against Persons Section if advice or assistance is needed.

3.5. If a child is flagged as being in the Special Needs directory, the information contained in their New World jacket can be used to assist in the investigation, including disseminating the provided photograph to media outlets. A NO TIME will the information contained in their jacket be disseminated beyond the scope and intent of this policy, or be used in a criminal investigation against the child.

4. Procedure:

4.1. The initial officer or first responder assigned to the report of a missing child shall:

4.1.1. Respond promptly to the scene of the report activating patrol-vehicle mounted video camera if circumstances warrant.

4.1.2. Interview the parent(s) or person who made the initial report.

4.1.3. Obtain a detailed description of the missing child including photo(s) and videos.

4.1.4. Confirm the child is in fact missing. Never assume searches conducted by distraught parents or others have been made in a thorough manner. A search of the home should be conducted even if the child was last seen elsewhere.

4.1.5. Verify the child’s custody status.
4.1.6. Identify the circumstances of the missing episode.

4.1.7. Determine when, where, and by whom the missing child was last seen.

4.1.8. Interview the individual(s) who last had contact with the missing child.

4.1.9. Identify the missing child’s zone of safety for his or her age and developmental stage.

4.1.10. Make an initial assessment of the type of incident.

4.1.11. Obtain a description of the suspected abductor(s) and other pertinent information.

4.1.12. Provide detailed descriptive information to communications unit for broadcast updates.

4.1.13. Identify and separately interview everyone at the scene.


4.1.15. Seal or protect the scene, area of child’s home, and areas of interest as potential crime scenes if appropriate.

4.1.16. Inquire if the child has access to the internet, cell phone, and/or other communications device.

4.1.17. Notify a supervisor of the missing child and ensure an Attempt to Locate is placed in the BOLO listing.

4.1.18. Prepare necessary reports and complete appropriate forms.

4.2. Shift / Section Supervisor Responsibilities

The supervisor assigned to the report of a missing child should:

4.2.1. Obtain a briefing from the first responder(s) and other agency personnel at the scene. Notify the shift lieutenant assigned during the time when the incident is occurring.

4.2.2. Evaluate the known facts of the incident, and ensure any possible or likely locations for the child have been checked. Determine if additional personnel and resources are needed to assist in the investigation. Determine if Crimes Against Persons detectives should respond to assist.
4.2.3. Determine if official SFPD Social Media (Twitter / Facebook) can be utilized to elicit the public’s assistance in locating the missing juvenile. The Sioux Falls School District Automated Contact System can also be a useful tool. If a supervisor identifies the need to utilize this system they should first contact one of the SRO Supervisors. They will in turn contact the Sioux Falls School District Administration to begin the process.

4.2.4. Consider activation of the AMBER Alert system and/or other immediate community notification methods if abduction is indicated.

4.2.4.1. To request an Amber Alert contact Metro Communications.

4.2.5. Establish a command post as needed.

4.2.6. Organize and coordinate search efforts.

4.2.7. Ensure all required notifications have been made (Investigative Services Division, Command Staff, and NCIC entry). Consider a news release if appropriate.

4.2.8. Establish a liaison with the victim family.

4.2.9. Confirm all agency policies and procedures are observed.

4.2.10. Manage media relations.

4.3. The investigator assigned to the report of a missing child shall:

4.3.1. Obtain a briefing from agency personnel at the scene.

4.3.2. Verify the accuracy of all descriptive information.

4.3.3. Initiate a neighborhood investigation. A canvass of the neighborhood should be done. Check the sex offender registry of the immediate area and determine if individuals registered as sex offenders reside, work, or are otherwise associated with the area.

4.3.4. Complete all remaining key investigative and coordination steps. If appropriate consider articles of clothing for scent purposes, dental records and ensure all required notifications have been made.

4.3.5. Update descriptive information if you have any additional information about scars, marks, tattoos or dental records.

4.3.6. Assist Uniformed Services Division to ensure that all notifications have been made including Child is Missing Alert and Recovery Center, and CART team if appropriate.
4.4. Recovered Missing Children

An officer assigned to the recovery or return of a missing child shall:

4.4.1. Verify the located child is, in fact, the reported missing child. An officer should verify in person that the child has returned. This will not be completed via telephone or other communication device.

4.4.2. Secure intervention services, if appropriate.

4.4.3. Arrange the return of the child to his or her legal guardian or appropriate children’s shelter.

4.4.4. In the case of a runaway from another jurisdiction or from out-of-state who has been located and for whom a warrant exists or for whom an NCIC missing-person “hit” is verified, place the child in custody and transport him or her to the appropriate facility for admission.

4.4.5. Complete the appropriate supplemental reports and cancel all outstanding notifications.
Narcotics Investigations

### Purpose:

1.1. This policy is created to provide direction for officers of the Sioux Falls Police Department during the investigation of narcotics cases.

### Policy:

2.1. The officer should act in narcotics and controlled substances cases with the objectives of locating the source, preventing illegal substances from reaching the user, and enforcing laws against use and possession to reduce the demand.

### Definitions:

3.1. **Drug Paraphernalia** – Those items manufactured or produced for facilitating the use of marijuana or controlled substances.

### Procedure:

4.1. In cases where the officer has reasonable cause to believe an offense has been or is being committed, and there are sufficient grounds for an arrest, an arrest should be made.
4.2. However, there may be particular cases where an officer may delay action to combine information with the Investigative Services Division to accomplish the main objectives.

4.3. An arrest should not be delayed, however, if the officer strongly believes the delay will result in the loss of evidence.

4.4. A person attempting to obtain a controlled substance through fraud or deception would be committing a felony.

4.5. Ingesting, inhaling, or breathing fumes from glues, paints, or other such substances (such as synthetic cannabinoids, bath salts, etc.) for the purpose of becoming intoxicated is a Class I misdemeanor.

4.5.1. Any individual that has been arrested and charged with ingestion or huffing of any toxic substance, i.e.: gasoline, paint, ether, etc. will need to be evaluated at the hospital ER prior to transporting to the jail.

4.5.2. Any individual who has been arrested and charged with ingesting other synthetic drugs not listed above, including but not limited to synthetic marijuana, bath salts, incense, etc. can be transported directly to the jail and evaluated by their medical staff. If there are further questions, the jail medical staff will contact the jail physician or the on-call physician.

4.5.3. The officer will list the substance that is believed to have been ingested on all booking sheets where ingesting is the charged offense.

4.6. Possession of drug paraphernalia is a Class II misdemeanor, while sale of drug paraphernalia is a Class 6 felony.

4.7. Whenever officers pursue a drug investigation, a separate incident number is needed as well as a separate Case Report.

4.8. All drugs, no matter how small the quantity, will be the subject of a case report and secured in the Law Enforcement Center evidence lockers.

4.9. It is a violation of state law and department policy to destroy contraband drugs or paraphernalia without court authority.

4.10. Drug Paraphernalia

4.10.1. Some items are always paraphernalia as there is no other legitimate use for the item other than drug use.

4.10.2. Items that have other uses such as scales or alligator clips must be judged as paraphernalia based upon their application at the time of seizure, such as
statements by defendants or witnesses, presence of residue or drugs being found in near proximity.

4.10.3. When you have detected a violation of the paraphernalia law, you:

4.10.3.1. Lodge the adult offender in jail.

4.10.3.2. Conduct a search incidental to arrest, which includes the areas within the immediate reach of the defendant to include a vehicle wherein the defendant is located.

4.10.3.3. Make a case report and arrest report.

4.11. Juvenile Narcotics Violations

4.11.1. Juveniles taken into custody for narcotics-related offenses will be transported to the JDC if authorized by an Intake Officer for temporary hold until parents are contacted.

4.11.2. Officers will complete a case report and juvenile arrest report.

4.12. Student Reporting

4.12.1. SDCL 26-11-5.1 allows for law enforcement agencies to report drug and alcohol violations to public and nonpublic school officials and parents or guardians if these violations occur within the agency’s jurisdiction and the agency has probable cause to believe a school student has violated any provision of state law involving alcohol or illegal drugs.

4.12.2. The procedure the Sioux Falls Police Department will utilize is:

4.12.2.1. Officer observes violation.

4.12.2.2. Officer makes arrest.

4.12.2.3. Be sure to ask if they are a student within the state of South Dakota. If so, be sure to include that information in your case report and in the space provided on the juvenile arrest report.

4.12.3. The information will be compiled by both the Records Section and the Narcotics Unit and forwarded to the School Resource Sergeant.

4.12.3.1. There it will be broken down into specific school lists and given to the School Resource Officers for distribution to the Sioux Falls schools on a weekly basis.
4.12.3.2. The School Resource Sergeant will also compile a list of the drug and alcohol violations that occurred with other South Dakota school’s students outside of Sioux Falls, and mail those lists to the appropriate schools.

4.13. Drugs: Drivers and Passengers

4.13.1. Violations of certain drug statutes require the Department of Commerce and Regulation to revoke the driver’s license of certain violators. The law on drugs pertains to SDCL 22-42-5 through 22-42-11 and 22-42A-3 and 22-42A-4.

4.13.2. The procedure differs between adults and juveniles. Follow this guide:

4.13.2.1. Adults

4.13.2.1.1. Lodge in jail.

4.13.2.1.2. Write “In Vehicle” and “32-12-52.3” on arrest report and case report.

4.13.2.2. Juveniles

4.13.2.2.1. Transport to JDC for release to parent or guardian. Lodge in JDC for original charge if authorized by an Intake Officer.

4.13.2.2.2. Write a juvenile arrest report and case report.

4.13.2.2.3. Write “In Vehicle” and “32-12-52.3” on paperwork.
Policy: Gambling Investigations

Related Policies:
Section #: 700 Offenses
Policy #: 716
Effective: 6/2020

This policy is for internal use only and does not enlarge an employee’s civil liability in any way. The policy should not be construed as creating a higher duty of care, in an evidentiary sense, with respect to third party civil claims against employees. A violation of this policy, if proven, can be used as basis of a complaint by this department for nonjudicial administrative action in accordance with the laws governing employee discipline.

Policy Owner: USD

Reference:

Sensitivity Level: ☑ Public  □ Law Enforcement Eyes Only

1. Purpose:

1.1. This policy is created to provide guidance to officers of the Sioux Falls Police Department in the investigation of gambling complaints.

2. Policy:

2.1. All complaints of gambling law violations will be investigated.

3. Procedure:

3.1. Whenever illegal gambling is observed in a public place, the officer will conduct an investigation.

3.2. The arrest should be delayed and a case report made to the Investigative Services Division for follow-up.

3.3. If a citizen desires to initiate court proceedings, assistance will be afforded them.
1. **Purpose:**

1.1. This policy is created to provide guidance to members of the Sioux Falls Police Department in the area of Child Custody Disputes and taking a child into Protective Custody.

2. **Policy:**

2.1. There can be no greater responsibility that that of protecting our children. It is the policy of the Sioux Falls Police Department that officers will use their best judgment to enforce orders of child custody. Officers will also use due diligence to ensure that children who may be in imminent danger are taken into protective custody until suitable arrangements can be made to provide for their well-being.

3. **Definitions:**

3.1. **Injurious Environment** — An injurious environment to the child can be construed to mean a place where drugs are used, stored, and/or distributed while the child is present or the parent, guardian, or custodian is impaired due to drugs or alcohol hindering their reasonable ability to care for the child/children.

3.2. **Wedlock** — Is defined as the state of being married as defined by the Encarta dictionary.

4. **Procedure:**
4.1. Child Custody Disputes

4.1.1. Two officers should be sent to calls involving child custody issues.

4.1.2. Officers will most commonly encounter three types of child custody agreements:

   4.1.2.1. Agreements issued from a South Dakota Court.

   4.1.2.2. Agreements issued from a court outside the state of South Dakota.

   4.1.2.3. Tribal agreements.

4.1.3. In all three situations, the officers should not take action if the reporting party does not have a copy of the child custody agreement in hand when the officers arrive.

4.1.4. Regardless of the status of the child custody agreement, if there are allegations of abuse or neglect from one of the parties involved, the officers should investigate those allegations and take the necessary steps to place the child or children into protective custody if the officers believe the allegations have merit.

4.1.5. In some cases, the parties involved will not have a child custody agreement at all. In those situations, the parties involved should be advised to go to court to get a custody agreement issued by the court. No action should be taken until parties go to court and get a child custody agreement.

4.2. Custody of Child between Unwed Parents

4.2.1. If the mother and father have never been married, officers should defer to SDCL 25-5-10 when trying to resolve child custody disputes. SDCL 25-5-10 states:

   4.2.1.1. “The mother of an unmarried minor child, born out of wedlock, is entitled to its custody, services and earnings subject to the court’s right to award custody of the child to either parent, considering the best interests of the child as to its temporal, mental, and moral welfare.”

4.2.2. SDCL 25-5-10 gives custody of a child born out of wedlock to the mother in the absence of a child custody agreement issued by the court.

   4.2.2.1. For example: If the mother of a child allows the father to have visitation, she can end the visitation any time she sees fit if there is not a custody agreement in place.

4.3. In-State Child Custody Agreements

4.3.1. Before taking action on in-state issued child custody agreements, the officers must review the agreement the reporting party has provided to ensure that the agreements are the most up-to-date agreements issued.
4.3.2. If the officers question the validity of the agreement they can contact the Clerk of Courts Office in the county where the agreement was issued to verify the date the most recent child custody agreement was issued.

4.3.3. If the child custody dispute occurs after business hours, the officers must use their best judgment, based on facts presented at the time of the child custody dispute, to determine the validity of the agreement.

4.3.4. If the officers feel that the child custody agreement is not valid, they may choose to leave the child or children in question where they are at until the child custody agreement can be verified or the reporting party can produce a valid child custody agreement.

4.3.5. The officers must also review the child custody agreement to ensure that the dates of custody listed in the agreement have expired or are in effect, depending on the nature of the complaint.

4.4. Out-of-State Child Custody Agreements / Tribal Court Custody Agreements

4.4.1. If the agreement presented has been issued from another state, the officers should try to contact the Clerk of Courts from the jurisdiction that issued the agreement to ensure the officers are looking at the most current agreement. Contact the Sioux Falls Police Chief Legal counsel for assistance. If he is not available, another member of the City Attorney’s Office should be contacted and then, if none are available, the officer can contact the State’s Attorney’s Office.

4.4.2. If the officers question the validity of the agreement, they can also contact one of our Circuit Court Judges to review the agreement.

4.4.3. If the child custody dispute occurs after business hours, the officers should still attempt to contact the Sioux Falls Police Department Chief legal counsel.

4.4.4. The State of South Dakota does give full faith and credit to out-of-state child custody agreements however certain procedural requirements must be done before an out of state order is enforceable.

4.4.4.1. If the officers feel that the child custody agreement is not valid, they may choose to leave the child or children where they are at until the child custody agreement can be verified or the reporting party can produce a valid child custody agreement.

4.4.5. The officers must also review the child custody agreement to ensure that the dates of custody listed in the agreement have expired or are in effect, depending on the nature of the complaint.

4.4.6. Tribal child custody agreements should be handled the same as an out-of-state child custody agreement.
4.5. Protective Custody

4.5.1. South Dakota Codified Law 26-7A-12 states that a child may be taken into temporary custody by a Law Enforcement Officer without order of the court only:

4.5.1.1. If the child is subject to warrantless arrest for the commission of an offense;

4.5.1.2. If the child is abandoned or endangered by the child’s surroundings or is endangering others and immediate removal of the child appears to be necessary for the child’s protection or for the protection of others;

4.5.1.3. If there are reasonable grounds to believe the child has run away or escaped from the child’s parents, guardian, or custodian;

4.5.1.4. If the officer reasonably believes that temporary custody is warranted because there exists an imminent danger to the child’s life or safety and there is no time to apply for a court order and the child’s parents, guardian, or custodian refuse an oral request for consent to the child’s removal from their custody or the child’s parents, guardian, or custodian are unavailable;

4.5.1.5. If the child is under the influence of alcohol, inhalants, or a controlled drug or substance.

4.5.1.6. A child may also be taken into temporary custody by a court services officer without order of the court if the child is under the continuing jurisdiction of the court.

4.5.2. Officers will most often be dispatched to investigate an allegation of child neglect, physical abuse, or sexual abuse via citizen complaint or at the request of the Department of Social Services.

4.5.3. While investigating these types of complaints, the responding officers need to decide if temporary protective custody is warranted to protect the child or children that are being neglected or abused. Before a child can be taken into protective custody, however, at least one of the criteria of SDCL 26-7A-12 must be met.

4.5.4. The goal of temporary protective custody is to ensure the safety of the child or children, prevent future abuse, and to give the Police Department and Social Services time to conduct a thorough investigation into the abuse or neglect allegation.
4.5.5. When officers arrive at the scene, they must conduct a preliminary investigation and complete a case report that includes statements from the offending parent, guardian, or custodian, statements from the non-offending parent, guardian, or custodian, photos of the residence, and/or photos of any injuries the child or children may have. Officers must keep in mind that these are criminal investigations and must be conducted as any other criminal investigation would be conducted. Statements from the child or children should be limited to the basic details of what happened. A more detailed statement can be taken from the child or children by a forensic interviewer at Child’s Voice or the investigating detective.

4.5.6. The decision under the criteria of SDCL 26-7A-12 to place a child or children into protective custody is not based on a probable cause standard but rather a reasonableness standard.

4.5.6.1. The decision must be made in the best interest of the child or children being abused or neglected.

4.5.6.2. The officer should, if feasible, contact the Child Protection Services on-call worker to assist in their decision by their supplying the officer with information related to prior DSS referrals or central registry listings on the parent, guardian, or custodian in question. DSS can be contacted directly Monday through Friday 08:00 am to 05:00 pm at 1-877-244-0864. For situations occurring outside of these hours the DSS on call person can be contacted at 605-201-0062 Monday-Friday, 605-201-0769 on Saturday, and 605-201-1913 on Sunday.

4.5.6.3. An injurious environment to the child can be construed to mean a place where drugs are used, stored, and/or distributed while the child is present or the parent, guardian, or custodian is impaired due to drugs or alcohol hindering their reasonable ability to care for the child/children.

4.5.6.4. If it is found that the child is living with or being cared for by a person who is a registered sex offender whose victim was a child, then that fact should be given strong consideration in determining whether the child is in an injurious environment.

4.5.7. If one child is taken into protective custody, strong consideration should be given to whether all of the children living at the residence will be placed into protective custody. However, one of the criteria of SDCL 26-7A-12 must be met as to each child before taking that child into protective custody.

4.5.8. If the officers feel that temporary protective custody is warranted, they will contact a supervisor prior to taking the child (ren) into custody. Additionally, if
officers determine alternative placement is acceptable, a supervisor must be notified and brief of the alternative placement.

4.5.9. Once the decision has been reviewed by a supervisor, the officer will contact an Intake Officer at the Juvenile Detention Center (JDC) to determine where the temporary placement will be for the child (ren).

4.5.10. The Intake Officer will also set a date and time for a temporary custody hearing that will be held at the courthouse.

4.5.11. The officer will also contact the Child Protection Office of the Department of Social Services, if they have not already been notified of the situation. DSS can be contacted directly Monday through Friday 08:00 am to 05:00 pm at 1-877-244-0864. For situations occurring outside of these hours the DSS on call person can be contacted at 605-201-0062 Monday-Friday, 605-201-0769 on Saturday, and 605-201-1913 on Sunday.

4.5.12. A case worker will be assigned and can assist the officer with transportation of the child (ren) to the placement facility and arrange foster family placement if necessary.

4.5.13. The officer will complete a Notification of Taking Temporary Custody of Children form noting the name(s) of the child or children being taking into custody, the date and time of the temporary custody hearing, and the time the notice was given to the parent or guardian.

4.5.13.1. This is a two-part form.

4.5.13.2. The top copy will be served to the parent or guardian of the child or children.

4.5.13.3. The bottom copy will be submitted to the Records Division.

4.5.13.4. The reason(s) the child or children were taken into temporary custody should be noted on the form.

4.5.14. If a relative, family member or friend / neighbor already has temporary custody of the child (ren) (i.e. grandmother was watching the child (ren) when mother or father was arrested) or could take temporary custody, that is a factor in whether one of the criteria of SDCL 26-7A-12 has been met warranting the temporary custody of the child. However, prior to leaving the child(ren) in the temporary custody of or giving temporary custody to a relative, family member, or friend/neighbor an officer shall take into consideration, in addition to all the surrounding circumstances, the following.
4.5.14.1. Leaving the child(ren) with or giving the child(ren) to a relative, family member or friend/neighbor may not provide adequate protection of the child as they may return the child(ren) to the harmful environment once the officer leaves or may abuse the child(ren) themselves.

4.5.14.2. In addition, the officers on scene typically are not aware of the relative, family member, or friend/neighbors criminal history, prior DSS referrals, sex offender registry status, or if that person is on the State’s Central Registry indicating substantiated cases of abuse and/or neglect. This information should be checked prior to a decision to leave the child (ren) with a relative, family member or friend / neighbor. Consultation with DSS is also available.

4.5.14.3. The length of time the child (ren) may need to be in custody of the relative, family member or friend/neighbor.

4.5.15. If an officer makes the determination that it is in the best interest of the child (ren) to take the child (ren) into protective custody, the officer should follow the normal intake process for taking a child into protective custody.

4.5.16. Once a child (ren) has been taken into protective custody, that child must be placed where the JDC intake officer instructs the officer to place the child.

4.5.17. In the event it is determined the child (ren) will be left with a relative, friend or family member in lieu of a protective hold, a case report will be completed to be forwarded to DSS documenting the arrangement.
1. Purpose:

1.1. This policy is created to provide guidance for officers of the Sioux Falls Police Department in dealing with investigations dealing with the use or abuse of alcoholic beverages.

2. Policy:

2.1. When reports of liquor violations are made, an investigation will be conducted. If a violation is committed in the presence of an officer, or a complainant wishes to make a citizen’s arrest, an arrest should be made, unless delaying the arrest would more effectively lead to the source of the violations.

3. Definitions:

3.1. **Commercial Vehicle** – Vehicles having gross weight rating of 26,001 or more pounds, or vehicles designed to transport hazardous materials and are required to be placarded according to the type of material being transported or a vehicle that is designed to transport 16 or more passengers, including the driver and school buses.
4. Procedure:

4.1. Driving While Intoxicated

4.1.1. Whenever an officer intends to make an arrest for Driving While Intoxicated (DWI), an assisting officer should be summoned to the scene.

4.1.2. To establish probable cause for the arrest, the Psychophysical Tests should be performed and the Drinking Driver Form filled out.

4.1.3. A preliminary breath test (PBT) may be administered after the psychophysical tests, and prior to the actual arrest.

4.1.4. After the arrest is made, the Implied Consent Warning and the Miranda Warning will be read to the person arrested in range of the recording audio/visual camera if possible.

4.1.5. A test is mandatory under state law and the blood will be drawn in the arresting officer’s presence by qualified medical staff at the County Jail if medical staff is available or at an emergency room if Jail medical staff is unavailable.

4.1.5.1. The arresting officer will ensure the sample is properly marked and placed in the proper evidence locker at the LEC.

4.1.6. The Drinking Driver Form should be completed whether or not a blood test is taken. A citation is required for all DWI arrests.

4.1.7. The arresting officer will run a driver’s history (10-58) on the subject as soon as the decision to arrest has been made.

4.1.8. If the person has been convicted of DWI two (2) or more times in the past ten (10) years, even if the convictions are on the same date, the third and subsequent arrests are felonies.

4.1.9. If the person arrested for DWI is a juvenile, the decision to incarcerate must be consistent with the department policy for lodging a juvenile.

4.1.10. A juvenile liquor violation Case Report and Juvenile Arrest Report will be submitted since the arresting officer should also be charging the juvenile with underage possession/consumption.

4.1.11. Do not confiscate an out-of-state driver’s license.
4.1.12. A DWI arrest of a Commercial Driver’s License (CDL) licensed driver operating a commercial vehicle requires that you read both Implied Consent cards (BAC .08% or higher).

4.1.12.1. SDCL 32-12A-44, which is a Class 2 Misdemeanor, allows for persons to be arrested for driving a commercial vehicle with a Blood Alcohol Content (BAC) at or above .04% when the driver has a Commercial Driver’s License. In this case, use only the blue Implied Consent.

4.2. Liquor Laws

4.2.1. The laws relating to hours violations and juvenile liquor violations should be enforced with a view towards control, and investigative resources should be expended accordingly.

4.2.2. Adult Violations

4.2.2.1. Adults are cited into Magistrate Court for alcohol violations that are Class II misdemeanors.

4.2.2.2. Adult offenders arrested in violation of alcohol laws that are Class I misdemeanors should be lodged in the Minnehaha County Jail.

4.2.3. Adult Zero Tolerance

4.2.3.1. SDCL 32-23-21 states that drivers under the age of 21 cannot operate a motor vehicle while having .02% or higher blood alcohol content or after having consumed marijuana or any controlled drug or substance for as long as physical evidence of the consumption remains in the driver’s body.

4.2.3.2. If an officer stops a vehicle and encounters a driver between the ages of 18 and 20 who has been drinking and/or has been using marijuana or another illegal substance, but feels that it does not constitute Driving While Intoxicated, the officer should investigate the subject for a violation of the state Zero Tolerance law.

4.2.3.3. If a “Zero Tolerance” arrest is made, read the “Zero Tolerance” Implied Consent form to the subject.

4.2.3.4. If consent is given, a blood sample will be taken by qualified medical staff at the County Jail if available or at an emergency room if Jail medical staff is unavailable.
4.2.3.5. If the officer suspects the subject to be under the influence of marijuana or other drug, and consent is obtained urine sample needs to be taken from the subject.

4.2.4. Alcohol: Drivers

4.2.4.1. Violations of certain liquor statutes require the Department of Commerce and Regulation to suspend the driver’s license of certain violators when driving a motor vehicle. The law on alcohol:

4.2.4.1.1. Pertains only to persons under 21.

4.2.4.1.2. Suspension will occur after conviction or adjudication of SDCL 35-9-2 while in a motor vehicle.

4.2.4.1.3. The law covers:

4.2.4.1.3.1. Purchases and attempts to purchase.

4.2.4.1.3.2. Possession or consumption of alcoholic beverages.

4.2.4.1.4. If a “Zero Tolerance” arrest is not made, write “Driver in Vehicle” and “32-12-52.4” on the citation.

4.2.4.1.5. In the case of a juvenile, write “Driver in Vehicle” and “32-12-52.4” on the underage consumption paperwork and transport the juvenile to the JDC (as authorized by an Intake Officer) for release to parent.

4.3. Intoxication - Public Place

4.3.1. If the intoxicated offender is in a public place and appears to have sufficient control and no extenuating circumstances exist, the officers should suggest alternatives to transportation and appropriate lodging.

4.3.2. If the subject agrees and can obtain safe transportation and/or lodging, protective custody shall be avoided.

4.3.3. Those in need of protective custody will be taken to an approved public treatment facility unless in need of medical attention, at which time an ambulance shall be requested.

4.3.4. All persons who will be taken to a treatment facility will be taken to the Detox Center first, even if they are full.

4.3.5. The Detox Center personnel will examine the person’s condition and may have you take them to the county jail.
4.3.6. If the person is extremely intoxicated, the Detox Center will keep that person and have you transport another person to the jail. This will usually be someone that has been there long enough to get sober, but is an alcohol-committed person. They will have these persons listed by who is to go first so it will not take a long time. If this happens, Detox will call the jail and give them the status of the person. Detox will give the officer a “Detox Intake Form” or a “Court Order” to take to the jail with the person.

4.3.7. When a person that has just been taken to Detox is in need of medical attention, officers should request an ambulance to transport the subject to the hospital. The officer does not have to wait at the hospital for them to be treated. The hospital will call when they are ready to go to Detox. If the observable or complained of injury is noted prior to detox transport, an ambulance should be called.

4.3.8. If any alcohol / drug treatment facility wants an officer to detain someone who is or is not intoxicated, and bring them to a facility for an emergency commitment, the following criteria will be used:

4.3.8.1. There is a court order, either in writing or you have directly been in contact with a judge who verbally orders the detention; or

4.3.8.2. The person is intoxicated and has threatened, attempted, or had inflicted physical harm on themselves or on another and unless committed, is likely to inflict harm on themselves or another; or

4.3.8.3. The person is incapacitated by the effects of alcohol or drugs.

4.3.9. Officers will no longer be dispatched to local hospitals for detox or mental hold transports, unless the following criteria have been met.

4.3.9.1. The detox/mental hold subject was initially brought to the hospital for treatment, by SFPD or at the request of SFPD.

4.3.9.2. The detox/mental hold subject is acting in a disorderly manner, which threatens the welfare of hospital staff and/or patients.

4.3.9.3. In the event an officer is sent to a hospital in response to a detox/mental hold subject, not originally brought in on behalf of the SFPD, a shift supervisor will be contacted to determine if the transport will be made.

4.4. Intoxication – Private residence

4.4.1. SDCL 34-20A-55 (revised July 1, 2010) allows for persons to be placed into protective custody regardless if it is a public place or a private residence. Law
enforcement is allowed to take a person into protective custody based on the following:

4.4.1.1. The person appears to be intoxicated or incapacitated by the effects of alcohol or drugs,

4.4.1.2. AND is clearly dangerous to the health and safety of himself or herself or others.

4.4.2. Whenever someone is taken from a private residence into protective custody based on the above criteria, officers will follow the same steps as directed in Intoxication – Public Place.
Policy: **Disturbances (All)**

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<thead>
<tr>
<th>Related Policies:</th>
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This policy is for internal use only and does not enlarge an employee’s civil liability in any way. The policy should not be construed as creating a higher duty of care, in an evidentiary sense, with respect to third party civil claims against employees. A violation of this policy, if proven, can be used as basis of a complaint by this department for nonjudicial administrative action in accordance with the laws governing employee discipline.

Policy Owner: USD

Reference: *South Dakota Codified Law (SDCL) 22-18-1, Sioux Falls City Ordinance 93.001 – 93.008, 72.016*

Sensitivity Level: ☒ Public ☐ Law Enforcement Eyes Only

1. **Purpose:**

   1.1. This policy is created to assist officers of the Sioux Falls Police Department during the investigation of disturbance type calls for service.

2. **Policy:**

   2.1. The variety of incidents encountered makes it necessary for the officer to evaluate any violation relative to the degree of disruption to public order.

3. **Procedure:**

   3.1. **General Guidelines for Disturbance Calls**

      3.1.1. Whenever a disturbance at an institution involves persons under the specific control of that institution, the officer should obtain the assistance of the head administrator to quell the disturbance where practicable.

      3.1.2. When a flagrant violation constituting a chargeable offense is committed in the officer’s presence and the offender(s) refuses to abate the disturbance, officers should make an arrest.
3.1.3. Disturbances resulting in injury to persons requiring medical attention should be considered flagrant violations and should be charged with assault if SDCL 22-18-1 applies.

3.1.4. When the complaining citizen desires to make a citizen’s arrest, and there is a reasonable ground for the arrest, the officer shall provide all necessary assistance and take the alleged offender into custody after the citizen’s arrest.

3.2. Fireworks

3.2.1. Whenever persons are observed discharging fireworks in the city, a violation of the Fire Prevention Code, those persons eighteen (18) years of age or older may be cited into Magistrate Court. Those under eighteen (18) and at least fourteen (14) may be released, and juveniles under age fourteen (14) should be taken home and the parents advised of the violation.

3.3. Skateboard Enforcement

3.3.1. City ordinance 72.016 defines this offense.

3.3.2. Public or private property that is properly signed to prohibit skateboarding can be enforced in the following manner:

3.3.2.1. Persons ten (10) and older: Issue citations to Magistrate Court for 9:00 AM, Monday through Friday.

3.3.2.2. If damage is done, make a case report for follow-up investigation.

3.4. Vagrancy

3.4.1. Most often, the subjects are involved in panhandling, failing to vacate premises, or unlawfully occupying a premise.

3.4.2. If an arrest is not made, officers should assist the subject if the subject requests our assistance in taking advantage of some of the many programs that are available to homeless or destitute persons.

3.4.3. If the owner/representative of a property wants to have a person trespassed from their property a Criminal Trespass Notice will be filled out by the officer. The three-part form will be distributed as follows: white copy to Police Records; yellow copy to owner or property representative; pink copy to the party being served Criminal Trespass Notice. The trespass notice is valid for 6 months from the date of issue. Any officer that encounters the suspect on the premises within the six months and can verify the trespass notice through Aegis Records. Check the documents tab under the suspect’s profile. If the notice is still valid, the
suspect can be arrested. Officers will not leave blank Criminal Trespass Notice documents with owners or representatives to fill out on their own.

3.5. Refusing to Leave / Failure to Vacate

3.5.1. If the following criteria are met, an adult may be issued a citation for Entering (non-surreptitiously) After Notice (SDCL 22-35-6) and given a court date for his initial appearance. An arrest report will still need to be completed for prosecution purposes.

3.5.1.1. The adult has a valid picture form of identification issued by a governmental agency in his possession;

3.5.1.2. The adult does not have any warrants;

3.5.1.3. The circumstances did not involve any violent or threatening behavior by the adult;

3.5.1.4. The officer reasonably believes the adult does not present a danger to himself or others;

3.5.1.5. The officer reasonably believes the adult will vacate the premises;

3.5.1.6. The officer reasonably believes the adult will appear in court in response to the citation;

3.5.1.7. The adult has not, within the past 6 months, been cited or arrested for SDCL 22-35-5 or SDCL 22-35-6 at the present or any other address; and

3.5.1.8. The present offense is a Class II misdemeanor (the adult has not defied an order to leave personally communicated to the adult).

3.6. Noise Complaints

3.6.1. The City Ordinance regarding enforcement of noise violations is Chapter 93.002 Section 1 through 8.

3.6.2. If noise complaints occur at a private residence, public place or area that isn’t under a special permit responding officers should determine if there is a violation and take appropriate enforcement action.

3.6.2.1. Depending upon the seriousness of the violation, a verbal warning may be appropriate for the first response.

3.6.2.2. If warranted based upon the seriousness of the violation, a citation may also be appropriate.
3.6.3. If the noise violation is at a place of business, a major event, or an event where a sound variance permit has been issued, the responding officers will determine if there is a likely violation based upon the noise level.

3.6.4. A supervisor will be contacted to respond with a noise meter if necessary.

3.6.5. The sound measurements will be taken from the complainants’ property to determine if there is a violation.

3.6.5.1. If the noise level exceeds permissible levels, a second reading will be taken from the property of the offender.

3.6.5.2. The results will be recorded in a case report and management or the owner will be notified of the violation.

3.6.5.3. Information regarding this complaint will be forwarded to the Sioux Falls Health Department for follow-up.
Policy: Mental Health Investigations – Suicide Attempts  

Related Policies: Homicide and Death Investigations  

Section #: 700 Offenses  
Policy #: 721  
Effective: 6/2020  
Page 1 of 13  

This policy is for internal use only and does not enlarge an employee’s civil liability in any way. The policy should not be construed as creating a higher duty of care, in an evidentiary sense, with respect to third party civil claims against employees. A violation of this policy, if proven, can be used as basis of a complaint by this department for nonjudicial administrative action in accordance with the laws governing employee discipline.

Policy Owner: USD  
Reference: SDCL 27A-1-1 (5); SDCL 27A-1O-3; 27A-10-5; SDCL 27A-15-33  
Sensitivity Level: ☒ Public ☐ Law Enforcement Eyes Only  

1. Purpose:  

1.1. This policy is created to assist officers of the Sioux Falls Police Department during the investigation of mental health calls for service.

2. Policy:  

2.1. Officers of the Sioux Falls Police Department will investigate all mental illness calls for service. The Sioux Falls Police Department will conduct these investigations with the overall objective of getting the subject of the investigation the necessary assistance they need to help resolve the situation. A person that is suicidal may not be thinking logically. Therefore, officers will keep officer safety in mind at all times.

3. Definitions:  

3.1. Danger to Others – SDCL 27A-1-1 (4) - Behavior due to severe mental illness that supports a reasonable expectation that the person will inflict serious physical injury upon another person in the very near future.

3.2. Danger to Self – SDCL 27A-1-1 (5) - Behavior due to severe mental illness that supports a reasonable expectation that the person will inflict serious physical injury upon himself in the very near future.
3.3. **Probable Cause** – As it pertains to mental illness holds is stated in SDCL 27A-10-3: A peace officer may apprehend any person that he has probable cause to believe requires emergency medical intervention. The officer must believe, on the basis of probable cause to believe, that such person is a danger to self and/or others. The officer must also be able to articulate the specific nature of the danger and the facts that caused the officer to come into contact with the person being petitioned.

4. **Procedure:**

4.1. Mental Illness

4.1.1. A minimum of two officers should be dispatched.

4.1.2. If a family member is not present, an attempt should be made to contact them, so they can make arrangements for medical attention. In cases where the family refuses to make the necessary decisions, the officer may apprehend the person if there is probable cause to believe emergency action is necessary.

4.1.3. A peace officer may apprehend any person that he has probable cause to believe requires emergency medical intervention. He must believe on the basis of probable cause that such person is a danger to self and/or others. He must be able to articulate the specific nature of the danger and the facts that caused him to come into contact with the person being petitioned.

4.2. Mobile Crisis Team SDCL 27A-10-21

4.2.1. The Mobile Crisis Team (MCT) is a team of qualified mental health providers who are available to respond to calls for service involving people with suspected mental illness and/or are in a state of mental crisis. The mental illness and/or crisis has in turn, lead the person to be a potential danger to themselves or others. It is the intent of MCT to develop a safety plan as a diversion to a mental hold. If an officer has determined probable cause exists to place the person on a mental hold due to such mentioned danger, the option of referring the subject to the MCT should be considered. Per state statute, probable cause for a mental hold must exist before contacting MCT. If the individual wishes to voluntarily admit him/herself to the psychiatric hospital, officers may provide transportation following the department’s protocol for transporting individuals in custody. (See section 4.13.3.)

4.2.2. MCT may be contacted by calling the pager number, which is 605-330-6158. The officer will enter a call-back number and should be contacted by MCT within five minutes. If the officer does not receive a return call in that time frame, an
additional call to the pager should be made. If still unable to get a response, the officer may contact the MCT Coordinator directly.

4.2.3. The officer will give the MCT on-call team member a synopsis of the situation and advise him/her of the location in which to respond. If the team member does not believe the call is appropriate for response, he/she will tell the officer the reason for declining and that information is to be included in the mental hold petition.

4.2.4. Dependent on the circumstance, the MCT member may meet the officer at the person’s home, place of employment, school, Crisis Care Center (CCC) or other safe location agreed upon by the team member.

4.2.4.1. The Crisis Care Center (CCC) is located on the second floor of the Public Safety Building, 500 N. Minnesota Avenue. Officers will need to enter the building through the sally port. Transportation to the CCC is voluntary, but will still require officers to follow department procedures for transporting persons in custody.

4.2.4.2. MCT members will not meet with persons in their personal vehicles. Officers need to make sure appropriate accommodations are made for a safe and suitable meeting location.

4.2.5. If cause for a mental hold has been met, but any of the following exceptions exist, MCT should not be contacted and the individual should be placed a mental hold:
   1. The person has harmed him/herself and needs medical attention and/or there are concerns the person may have overdosed.
   2. The person is actively violent.
   3. The person is incapacitated by drugs and/or alcohol.
   4. In cases of juveniles, a parent or legal guardian is not present to give signed consent for MCT services.

4.2.6. Officers must complete a MCT referral form anytime MCT has responded to a call and will give one copy to the MCT member on scene. The other copy of the form must be turned into Records at the end of the officer’s shift, which will then be forwarded to the department’s MCT liaison officer. (MCT forms will be destroyed 90 days after the date of MCT services.)
4.2.7. If MCT responds to a service request, officers will remain present until released by the MCT member for safety reasons. If released from the scene and asked to return because a mental hold needs to take place, officers will return and complete the mental hold petition and will provide transportation to the hospital. If the person voluntarily decides to self-admit to the hospital, the officers will transport and the MCT member will follow and stay with the person at the hospital until he/she is turned over to assessment staff.

4.3. Memory Impaired

4.3.1. When an officer comes into contact with a person who is “memory impaired” from causes other than intoxication, he must attempt to locate where the person is to be so that proper care is provided.

4.3.2. Memory impairment may be caused by Alzheimer’s disease, developmental disability, injury, or other medical conditions. If the officer cannot readily locate where the person lives and make sure that they will be cared for properly, the person may be brought to the Law Enforcement Center lobby until other arrangements can be made. The Information Desk Officer is not to be used to monitor these individuals.

4.3.3. The department maintains information in the Records Management System regarding people with memory impairment. Information gathered will be recorded on a Field Interview (FI) form for the purpose of safely returning the person to their home. The Field Interview form will contain current information for the individual, most importantly, their home address and current contact information for family members or caregivers.

4.3.4. In addition to the FI information, at least two digital photographs, preferably a front and side view, will be taken of the individual. This will aid in identifying and relocating the individual in the future.

4.3.5. The digital photographs will be uploaded into the S: drive/Police/Memory Impaired folder. The file name will contain the individual’s name and birth date. I.e. John Doe 01011977. Officers will send an e-mail to the Investigative Services Division Technical Clerk advising of the new files. The ISD clerk will then attach the photos to the individual’s jacket.

4.4. Attempted Suicide

4.4.1. A minimum of two officers should be dispatched.
4.4.2. Upon arrival, the officers should isolate the individual and ensure that they cannot harm themselves any further. The officers should also make sure the scene is safe for other first responders who might arrive.

4.4.3. If the individual requires medical treatment, it should be offered to them once the scene is safe for the responding medical personnel.

4.4.4. An interview of the individual and witnesses should be made to help the officer establish the circumstances pertaining to the suicide attempt.

4.4.5. The officer should document statements made by the individual to the officer, statements the individual made to witnesses prior to the officer’s arrival, the individual’s method or plan to harm themselves, and any other information that will help the officer establish probable cause to place a mental hold on the individual. Any stated mental health diagnoses, psychotropic medications, etc. should also be documented, if available.

4.4.6. The officer should also document the presence of notes, weapons, pill bottles, blood, injuries on the individual, and any other evidence to help establish probable cause that the individual intended to harm themselves or others.

4.4.7. All items that are of an evidentiary nature should be placed into evidence at the LEC. All of the information the officer gathers will be documented on a case report.

4.5. Danger to Self – SDCL 27A-1-1 (5)

4.5.1. Behavior due to severe mental illness that supports a reasonable expectation that the person will inflict serious physical injury upon himself in the very near future; or will be in danger of serious harm in the very near future.

4.5.2. Such behavior shall be evidenced by recent acts that constitute a danger of suicide or self-inflicted serious physical injury. Such acts may include a recently expressed threat if the threat is such that, if considered in light of the person’s recent previous acts, it is substantially supportive of an expectation that the threat will be carried out; or recent behavior or related physical conditions that show there is a danger of serious personal harm in the very near future as evidenced by an inability to provide for some basic human needs such as food, clothing, shelter, physical health, or personal safety, or by arrests for criminal behavior which occur as a result of the worsening of the person’s severe mental illness.
4.5.3. This definition is interpreted by the State’s Attorney’s Office to include persons so disoriented that they could harm themselves without any intent by being unable to care for themselves (i.e. wandering onto a busy highway, sleeping outside in the winter, falling in the river, etc.). Mental handicap, epilepsy, other developmental disability, or alcohol / substance abuse do not alone constitute mental illness.

4.5.4. If an individual is deemed to be a danger to himself/herself or others, and the individual cannot be located during the initial investigation, the reporting officer should ensure that a BOLO is put out, and the individual is entered into NCIC.

4.6. Danger to Others – SDCL 27A-1-1 (4)

4.6.1. Behavior due to severe mental illness that supports a reasonable expectation that the person will inflict serious physical injury upon another person in the very near future.

4.6.2. Such behavior shall be evidenced by recent acts that constitute a danger of serious physical injury for another individual. Such acts may include a recently expressed threat if the threat is such that, if considered in light of the person’s recent previous acts, it is substantially supportive of an expectation that the threat will be carried out.

4.7. Emergency Mental Illness Holds

4.7.1. When the officer has obtained the probable cause to believe that an emergency intervention is required to safeguard the safety of that person or others and the Mobile Crisis Team is either not an option or was not successful as a hold diversion, an emergency mental hold should be placed on that person and a mental health petition completed by the officer or other individual with personal knowledge.

4.7.2. SDCL 27A-10-5 states:

Immediately after a person is taken into custody and an emergency mental hold is initiated, he shall be notified both orally and in writing (1) of his right to immediately contact a person of his own choosing; (2) of his right to immediately contact and be represented by counsel; (3) that he will be examined by a qualified mental health professional, designated by the county board of mental illness, within twenty-four (24) hours of being taken into custody to determine whether custody should continue; (4) if custody is continued, of the right to an independent examination; and (5) of the right to a hearing within five (5) days after being taken into custody, within six (6)
4.7.3. SDCL 27A-15-33 adds to the above that if the person is a minor, he has the right to immediately contact a parent, guardian, legal custodian, or other person of his choosing. These warnings are kept on the shelves for forms in the Patrol Report Room.

4.7.4. Once the officer has completed the electronic petition the on-call mental health investigator should be paged. The officer should notify the investigator that the petition has been uploaded and provide the name of the individual. While handling the initial call officers should interview any person eighteen (18) years of age or older who has personal knowledge that the individual in question is a danger to themselves or others. That additional information should be included in the supplemental information tab of the electronic petition. Other persons may sign a petition, but an officer must place the hold.

4.7.5. Should a situation arise where an officer is unable to complete a petition electronically, page the on-call mental health investigator as soon as possible to notify him of the detention and to make arrangements to complete the required paperwork. All information contained in the electronic petition form should be relayed to the mental health investigator.

4.7.6. Because there is insufficient time to send out court notification slips for mental illness hearings the officer placing a mental hold should always appear at the designated hearing times unless notified otherwise. Mental illness hearings are held at the Behavioral Health Center. For those persons taken into custody on an emergency mental hold after midnight on Sunday and prior to 1600 hours Wednesday, the designated hearing will be held on Friday at 0900 hours. For those taken into custody after 1600 hours on Wednesday and prior to 0000 hours on Sunday, the hearing will be held on Tuesday at 1315.

4.8. Mental Hold with Warrant and/or Criminal Charge SDCL 27A-12-27(7); 27A-12-27.1; 27A-12-27.2

4.8.1. If an individual placed on an involuntary mental hold has an arrest warrant(s) and/or criminal charge(s), Avera Behavioral Health (or another inpatient facility housing the individual) will be notified both verbally and by written notice to contact law enforcement prior to discharge for the purpose of obtaining custody upon discharge.
4.8.1.1. The officer will complete a form, giving notice to the hospital of law enforcement’s request to be notified pending patient discharge. The current form is titled, “Notice to Avera McKennan Behavioral Health Center Inpatient Program of Law Enforcement Request to be Notified of Patient Pending Discharge”, but may be a derivative of that title with future updates. The original form, along with verbal notification, will be given to the psychiatric hospital’s security officer or an assessment team member. The duplicate copy will be turned in to the Records Department at the end of the officer’s shift. The original form must be hand delivered to the facility or via electronic facsimile. If sent via facsimile, oral notice must also be given. If the person is held at another inpatient facility, the officer will modify the title of the form and determine to whom at the other inpatient facility the written and oral notice will be given.

4.8.1.1.1 The law enforcement contact information on the form shall be Metro Communications with a contact phone number of 605-367-7000.

4.8.1.1.2 The Call for Service (CFS) number shall be written near the top of the form.

4.8.2. Avera Behavioral Health (or another inpatient facility) may detain the individual for law enforcement in their facility for a period of time not to exceed four hours after the set time for discharge. There is no minimum required time the facility must hold the person; however, the facility must give notice of pending discharge “as reasonably as practical before discharge.”

4.9 Mental Holds without Serious Injury

Anytime an individual presents, without a serious injury, the Mobile Crisis Team should be considered as a primary option when appropriate.

4.8.1. Individuals taken into custody by law enforcement on a mental illness hold without serious injury will be brought to the Avera Heart Hospital Emergency Department (HHED), 4900 West 69th Street, for medical screening prior to admission to the Behavioral Health Center (BHC) on the hold.

4.8.2. This procedure is for mental illness holds where the individual does not have an injury or only minor injuries, such as lacerations, bruises, scrapes, etc. HHED will be able to treat these minor injuries prior to admission to the BHC.
4.8.3. A medical professional will conduct a screening examination in an Intake Room just off of the lobby area. If a person is medically appropriate for admission to the BHC, the attending or an on-call psychiatrist will provide admission orders.

4.8.4. SFPD officers will assist BHC security staff with escorting the patient to the BHC, which is connected by a walkway to the Heart Hospital. BHC has one person per shift staffed as security. If the security officer is not able to assist with the escort because of in-progress security issue at the BHC, SFPD officers will be responsible for escorting the patient to the BHC. Once the mental illness hold patient is in the BHC facility and has been turned over to the BHC staff, the officer(s) will return to service. Officers, at their discretion, can have their cover officer go back in service if the BHC security officer is assisting with the escort to the BHC.

4.8.5. The Heart Hospital staff is responsible for contacting the Behavior Health security officers. If there is going to be a delay of more than 45 minutes for the initial medical screening process, the Behavior Health Security staff will be responsible for escorting the patient to the BHC from the Heart Hospital Emergency Room. This allows SFPD officers to return to service more quickly. (If a security officer is not available in this instance, SFPD officers will remain with the subject until relieved by BHC security or officers can escort patient to the BHC themselves.)

4.8.6. If, after medical stabilization, the HHED finds that the mental hold patient has a medical need that is beyond the normal scope of treatment at the Avera Heart Hospital and beyond the capability for medical treatment at the BHC, then the patient may be transported to Avera McKennan Hospital for that medical treatment. The transportation will be handled by Rural/Metro Ambulance.

4.8.7. Officers will advise Metro Communications when they have a person they want to take to the Heart Hospital Emergency Department (HHED) for a mental hold. Metro Communications will contact the HHED and advise them officers are en route with a mental illness hold. HHED will ensure they have staff available when the officer(s) arrive. The contact number for HHED is 977-7000.

4.8.7.1. Avera Heart Hospital and the Avera Behavioral Health Center are located on the same campus but are two separate buildings and two different businesses. Anytime law enforcement takes an individual into custody regarding a mental hold the subject will be taken to the same campus. Dependent on whether the subject is a voluntary or an involuntary
4.8.7.2. Once law enforcement notifies Metro they are enroute with a transport, the officer should advise if they are enroute to the Heart Hospital or to Behavioral Health. This information will be necessary when the Metro dispatcher makes the notification call. After being provided this information, Metro dispatch will notify the Avera Heart Hospital Emergency Room by calling 977-7000 and inform them of the transport and to the specific building the officer is en-route to.

4.8.8. Officers can park in the driveway in front of the Emergency Room at the Heart Hospital and use the Emergency Room entrance. It is a half circle driveway for pick-up and delivery of patients. Officers should park as far forward as possible in order to not block the wheelchair access to the entrance.

4.9. Mental Illness Holds with Serious Injury

4.9.1. If a serious or potentially serious injury exists, the person on the mental illness hold will be transported to the Avera McKennan Emergency Room by Rural Metro Ambulance rather than to the Heart Hospital.

4.9.2. The following are potentially serious conditions:

4.9.2.1. Known or suspected drug overdose;

4.9.2.2. Gunshot wound;

4.9.2.3. Wound that is deep, gaping, or has resulted in significant blood loss;

4.9.2.4. An asphyxiation attempt by hanging, carbon monoxide, natural gas, or other means;

4.9.2.5. Chest pain or shortness of breath; however, a person with either of these cardiac symptoms may be transported to the HHED at the discretion of ambulance or law enforcement if not combined with any other symptom in this section;

4.9.2.6. Head injuries that have resulted in the loss of consciousness or significant reduction in consciousness; or

4.9.2.7. Other serious medical conditions that require immediate medical treatment or hospitalization.
4.9.3. After the patient has been medically cleared, Avera McKennan Hospital will arrange transportation to the Behavioral Health Center unless officers are asked to transport due to safety concerns.

4.10. Mental Illness Holds – Veterans Administration Hospital

4.10.1. The Veteran’s Administration (VA) Hospital has a fully functional psych unit which veterans can be admitted to on both a voluntary and involuntary basis. This is a great benefit to our local veterans. At the VA Hospital, they will be able to receive treatment that is covered by their veteran’s benefits and to have aftercare that fits their mental health needs. Eligible veterans will be transported directly to the VA Hospital. There is no need to transport them to Avera’s Behavioral Health Center unless the VA facility is full.

4.10.2. Our Department will need to ask specific questions of all individuals involved in either voluntary or involuntary emergency mental health interventions. The following steps will be followed.

4.10.2.1. The VA hospital has an Administrative Officer of the Day (AOD) on staff 24 hours a day at their facility.

4.10.2.2. On every voluntary or involuntary mental health intervention, prior to transport, our officers will need to call the AOD at 605-336-3230 and provide information regarding the subject. Officers need to provide the AOD the person’s name and the last four digits of the subject’s Social Security number.

4.10.2.3. If officers are unable to obtain this information then officers will provide the AOD whatever information they are able to obtain (Name, DOB etc.). The AOD will check the VA database immediately to determine if the person is eligible for VA hospital care.

4.10.2.4. If it is determined that they are eligible, officers will transport the person to the Emergency Room entrance on the South side of the VA Hospital. The VA Police will meet our Officers in the ER. If the person is placed at the VA under a mental hold (involuntary) then the officer will still need to complete and submit a mental hold petition as is normally required.

4.10.3. The VA Hospital can treat minor injuries including overdose at their facility. If the person has traumatic injury or is not eligible for VA care, then our department’s normal policy for mental health intervention will be followed.
4.11. **Procedures for Violent Patients:**

4.11.1. If the person is, in the opinion of officers, so violent that they cannot be appropriately managed at the BHC, the following will occur:

4.11.1.1. The person may be brought to the Avera McKennan Emergency Department for medical screening and then taken to jail; or

4.11.1.2. Officers may take a highly violent person directly to jail at their discretion.

4.12. **Outpatient Treatment Orders:**

4.12.1. **SDCL 27A-10-9.5.** Transportation by law enforcement—Limit upon detention and nonconsensual medication. The outpatient commitment order or treatment order constitutes a continuing authorization for law enforcement, upon request of the program director or the person’s treating physician, to transport the person to the designated outpatient treatment program or to the treating physician’s office for the purpose of making reasonable efforts to obtain the person’s compliance with the requirements of the outpatient commitment or treatment order. However, no person may be detained at the program’s or the physician’s office for more than one hour unless the person consents, or may be physically coerced or required to take prescribed medications unless the outpatient commitment or treatment order contains a specific authorization for the nonconsensual delivery of prescribed medication, pursuant to § 27A-12-3.15. If a person has been involuntarily medicated on an outpatient basis, the necessity of treatment with psychotropic medication shall be reviewed and approved under the provisions of § 27A-12-3.16 and noted in the patient’s medical record or chart.

4.12.2. When contacted by a program director or physician a Crisis Intervention Team trained officer will respond whenever practical. The responding officer will work with the mental health professionals in the fulfillment of the outpatient commitment or treatment order. As the law permits detention of the individual for up to one hour, the hour will begin as soon as a law enforcement officer limits the individual’s freedom to leave.

4.12.3. At no time will an officer of the Sioux Falls Police Department assist in the nonconsensual delivery of prescription medication.
4.13. **Miscellaneous:**

4.13.1. Mental illness holds will not be taken to the Detox facility operated at the Minnehaha County Public Safety Building.

4.13.2. Patients who are on a chemical dependency hold or emergency commitment under SDCL 34-20A-63 should be taken to Detox, and are not eligible for triage at HHED or BHC.

4.13.3. All voluntary admissions will be taken directly to the Behavioral Health Center instead of the Heart Hospital. Voluntary admissions are adults who state they want to voluntarily admit themselves into the care of Behavioral Health. These individuals may make statements to officers that would give the officer probable cause to place them on a mental illness hold. However, if the individual wants to voluntarily admit themselves, the officers do not need to place a hold on them. There is an intake form that officers will need to complete when they transport a voluntary admit to BHC. Voluntary admissions also include juveniles whose parents want to admit them, even though the juvenile is not willing.

4.13.4. The Minnehaha-Lincoln County Board of Mental Illness will be the entity that will oversee local mental illness hold issues.
1. Purpose:

1.1. This policy relates to calls for service regarding explosives and threats of explosives. It will provide general response guidelines for members of the Sioux Falls Police Department.

2. Policy:

2.1. Given the potential for injury or death, all calls for service that involve explosive material or the threat of explosive material will be taken seriously. Members of the Sioux Falls Police Department will conduct a thorough investigation to determine whether or not an explosive device exists.

3. Procedure:

3.1. General Response

3.1.1. A minimum of two (2) officers should be dispatched to the place where the bomb is allegedly located, with additional officers assigned depending on the nature of the call and the location of the alleged bomb. If Metro Communications has been able to identify the location the call was made from, officers shall be dispatched to attempt to identify the caller.
3.2. Scene Responsibilities

3.2.1. The first officers arriving at the location of the alleged bomb must evaluate the information available, including information on the call if the bomb threat was made directly to the victim. The initial officers then should assist the person in charge at the location in determining the action to be taken.

3.2.2. Building Evacuations

3.2.2.1. At no time will an officer call for a building evacuation, except when a device or suspected device has been located. The decision must be left to the person in charge of the premises.

3.2.2.2. If an evacuation decision is made by the person in charge, see that the individuals evacuated are moved far enough away from the immediate scene to avoid injury. The officers should also be aware of any adjoining structures that may need to be evacuated.

3.2.3. Any building searches should be made by person(s) familiar with the surroundings (such as custodial personnel). They should make a quick search for unfamiliar or foreign objects that do not belong on the premises. Only they would be able to spot something that seems out of place.

3.2.4. If a questionable object is located, it should not be moved or touched except by bomb disposal personnel.

3.2.5. A bomb disposal technician will be notified of all bomb threats or in the event a device or suspicious package is located. Technicians may be called to the scene by a Shift Supervisor if and when they feel more expertise is needed and the investigation indicates the call is more than just a telephone threat.

3.2.6. Under no circumstances will any suspect item be brought to the LEC before it has been viewed by bomb disposal personnel.
Policy:

**Aided Cases / Foreign Aid**

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This policy is for internal use only and does not enlarge an employee’s civil liability in any way. The policy should not be construed as creating a higher duty of care, in an evidentiary sense, with respect to third party civil claims against employees. A violation of this policy, if proven, can be used as basis of a complaint by this department for nonjudicial administrative action in accordance with the laws governing employee discipline.

Policy Owner: USD

Reference:

Sensitivity Level: ☑ Public ☐ Law Enforcement Eyes Only

1. **Purpose:**

   1.1. This policy provides general guidelines to members of the Sioux Falls Police Department in providing assistance to other agencies.

2. **Policy:**

   2.1. The Sioux Falls Police Department will cooperate with other agencies, both noncriminal justice and other law enforcement agencies, in order to further provide service to the community that we serve.

3. **Procedure:**

   3.1. **Aided Cases**

      3.1.1. When noncriminal justice agencies, or individuals, request the Police Department’s assistance with various matters, it is classified as an aided case.

      3.1.2. Often a case report does not need to be completed. If a case report needs to be taken, the officer should use the case classification that best fits the incident being reported.
3.2. Foreign Aid

3.2.1. When a crime is reported to the Sioux Falls Police Department that occurred within the jurisdiction of another law enforcement agency, or follow-up is requested by an outside law enforcement agency, the responding officer will complete a foreign aid case report.

3.2.2. The Investigative Services Division will coordinate the investigation with the agency where the crime occurred. The Investigative Services Division will forward all reports to the agency where the offense occurred.