



INDEPENDENT INVESTIGATIONS DIVISION

Interim Report Concerning the Police-Involved In-Custody
Death in Baltimore City on July 25, 2023

October 2, 2023

**Interim Report of the Independent Investigations Division of the Maryland
Office of the Attorney General Concerning the Police-Involved In-Custody
Death of Trea Ellinger on July 25, 2023**

Pursuant to Md. Code, State Gov't § 6-602, the Office of the Attorney General's Independent Investigations Division (the "IID") provides this interim report to Baltimore City State's Attorney Ivan Bates regarding the police-involved in-custody death of Trea Ellinger.

The IID is charged with "investigat[ing] all police-involved incidents that result in the death of a civilian or injuries that are likely to result in a death of a civilian" and "[w]ithin 15 days after completing an investigation ... transmit[ting] a report containing detailed investigative findings to the State's Attorney of the county that has jurisdiction to prosecute the matter." Md. Code, State Gov't § 6-602(c)(1), (e)(1). Due to the delay in receiving an autopsy report from the Office of the Chief Medical Examiner (the "OCME"), in contrast to the finality of all other aspects of this investigation, the IID and the State's Attorney agreed that an interim report would be useful. This interim report is being provided to State's Attorney Bates on October 2, 2023. The IID will supplement this interim report when it receives the autopsy report from the OCME.

I. Introduction

On July 25, 2023, around 4:20 p.m., Baltimore City Fire Department ("BCFD") medics, Baltimore Police Department ("BPD") officers, and Maryland Transit Administration ("MTA") Police officers responded to the 200 block of South Howard Street in Baltimore City after a 911 caller reported there was a man lying in the middle of the street "trying to kill himself" and "fighting people." The eight responding officers were MTA Police Officers Michelle Lewis, Daitione Garnett, Gregroy Robinson, Perry Talbert, Ralph Massime, and Andre Watson; and BPD Officers Sharrod Mobley and Ryan Barnes-Klipa. When the officers arrived on-scene, two BCFD medics were already present. The civilian in the street, later identified as Trea Ellinger, was flailing while alternately seated or lying in the roadway and was speaking incomprehensibly. The officers physically restrained Mr. Ellinger and placed him in handcuffs, then medics administered a sedative. Officers and medics placed Mr. Ellinger on a stretcher and secured him using the stretcher's restraint straps. Mr. Ellinger was initially on his side, but he soon rolled into a prone position. The medics placed Mr. Ellinger inside the ambulance and began providing medical aid. After several minutes, Mr. Ellinger became unresponsive. Officer Mobley removed Mr. Ellinger's handcuffs while medics attempted lifesaving measures. Mr. Ellinger was taken to a local hospital, where he was pronounced dead a few hours later.

The IID and BPD have entered a Memorandum of Understanding ("MOU") stating that the parties will each investigate all officer-involved deaths. The MOU recognizes that BPD entered into a federal consent decree on January 12, 2017, which imposes certain obligations to investigate officer-involved fatalities. For BPD to meet its obligations under the consent decree and the IID to meet its obligations under state law, the MOU states that the agencies' investigators will cooperate and communicate during the investigation. If at any point the IID determines that BPD cannot maintain the level of impartiality required to conduct a thorough investigation, the IID may take over sole investigative responsibility for the case. In the present case, the IID and BPD have collaborated throughout the investigation.

This interim report includes an analysis of Maryland criminal offenses that may be relevant in a case of this nature. The IID considered the elements of each possible charge, MTA Police and BPD departmental policies, and Maryland caselaw to assess whether any charge could be supported by the facts of this incident. Because the Baltimore City State’s Attorney’s Office—not the Attorney General’s Office—retains prosecution authority in this case, this interim report does not make any recommendations as to whether any individual should or should not be charged.¹

The IID’s investigation focused exclusively on potential criminal culpability relating to the subject officers’ conduct. The IID’s analysis does not consider issues of civil liability or the department’s administrative review of officers’ conduct. Certain information—specifically, compelled statements by subject officers—may be considered in civil or administrative processes but may not be considered in criminal investigations or prosecutions due to the subject officers’ Fifth Amendment rights. If any compelled statements containing unique information exist in this case, they have not been considered in the IID’s investigation.

By statute, the IID has jurisdiction to investigate the actions only of police officers, not other government employees or emergency personnel. Md. Code, State Gov’t § 6-602. Therefore, the IID’s legal analysis did not specifically examine the actions of the emergency medical personnel involved in this incident.

II. Factual Findings

The following findings are based on a review of BPD body-worn camera video, MTA light rail station surveillance video, radio transmissions, medical records, police reports, and interviews with law enforcement witnesses. MTA Police officers are not yet equipped with body-worn cameras. Neither BPD nor MTA cars are equipped with dashboard cameras. All materials reviewed in this investigation are being provided to the Baltimore City State’s Attorney’s Office with this interim report and are listed in Appendix A.

The events described below occurred during daytime in clear weather. There was no precipitation or other adverse weather that affected this incident.

A. Events Preceding First Responder Involvement

On July 25, 2023, at 4:14 p.m., an anonymous caller called 911 to report a man “lying in the street,” “trying to kill himself,” and “fighting everybody” on South Howard Street near the Baltimore Convention Center. The 911 caller further said the man, later identified as Trea Ellinger, seemed to be trying to hurt himself by getting run over by a car.

¹ Effective October 1, 2023, the IID will have the sole authority, where appropriate, to prosecute police-involved incidents that result in the death of an individual or injuries that are likely to result in the death of an individual. For incidents occurring before that date, the local State’s Attorney retains sole prosecution authority.

MTA security camera video later collected by investigators shows that Mr. Ellinger arrived at the Pratt Street Light Rail Station on foot at 3:54 p.m. He fell multiple times, and passersby helped him to his feet. At 4:07 p.m., Mr. Ellinger began walking across the light rail tracks, again falling multiple times. After about a minute, he reached the opposite side of the tracks and sat on the ground and then a bench at the station. At 4:12 p.m., Mr. Ellinger walked from the station into the southbound lanes of South Howard Street, where he immediately fell, causing multiple cars to stop in the roadway. Mr. Ellinger stood and crossed into the northbound lanes of the street, where he again fell and did not get up. Camera footage shows that Mr. Ellinger lunged at a civilian who attempted to guide him from the street to the sidewalk through heavy traffic, failing to make contact with the civilian but causing the civilian to back away.

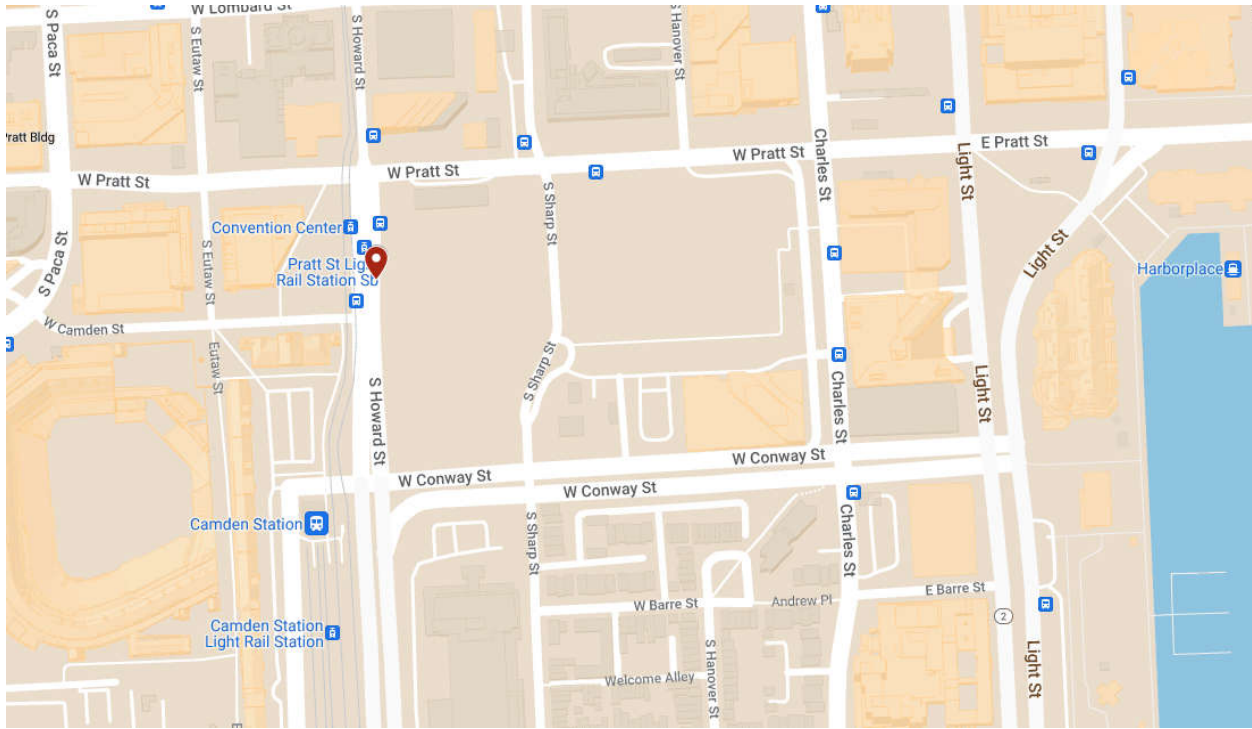


Image 1: The red pin on South Howard Street indicates Mr. Ellinger’s location at the time medics and police officers arrived.

B. Emergency Medical Service and Law Enforcement Response

Police and Fire dispatch records show that BCFD medics Carlton Gibson and Donald Carroll were the first emergency personnel to arrive on scene. They arrived at 4:17 p.m. and requested police assistance because Mr. Ellinger was being “uncooperative.” MTA station surveillance video shows that Mr. Ellinger lunged toward Mr. Gibson as he approached, causing Mr. Gibson to jump backward. Mr. Gibson and Mr. Carroll then appeared to speak to Mr. Ellinger for several minutes while pointing to the sidewalk; the MTA camera does not capture audio. Mr. Ellinger looked toward the medics at times but also continued to flail and roll on the ground in the street.

MTA Officers Michelle Lewis, Daitione Garnett, Perry Talbert, Andrew Watson, Ralph Massime, and Gregory Robinson arrived over the next several minutes, followed by BPD Officers Sharrod Mobley and Ryan Barnes-Klipa at 4:23 p.m.

When later interviewed by investigators, MTA Officer Robinson said that when he arrived, Mr. Ellinger was lying in the right lane of traffic with several MTA officers standing around him. He said Mr. Ellinger was “rolling on the ground” and officers were trying to keep him from rolling into traffic. BPD Officer Barnes-Klipa’s body-worn camera video shows that when he arrived a couple minutes later, Mr. Ellinger was lying on the ground with several MTA officers standing around him. Mr. Ellinger alternated between lying and being seated on the ground. He looked at officers when they spoke and asked him questions, but his statements were unintelligible.

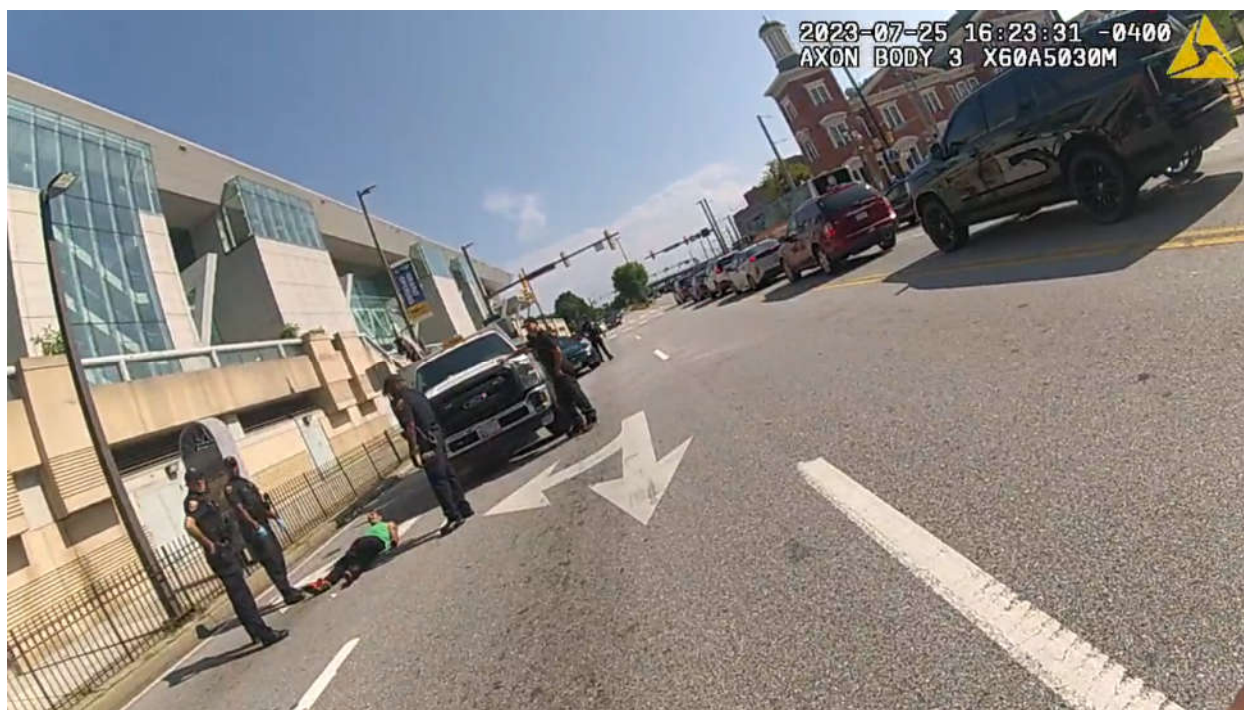


Image 2: Image from Officer Barnes-Klipa’s body-worn camera as he first approached the scene. Mr. Ellinger can be seen on the ground in the green shirt. He has not yet been handcuffed.

As Officer Barnes-Klipa arrived next to Mr. Ellinger, an MTA officer said, “They [the medics] want to detain him. They want him secured.” Officer Barnes-Klipa asked, “They want him handcuffed?” Another MTA officer responded, “Yeah, they said they want to try to sedate him because he’s been rolling around on the ground.” As the officers stood near Mr. Ellinger, the two medics took a stretcher out of an ambulance a few yards away.

At 4:24 p.m., body-worn camera video shows that Officer Mobley arrived next to Mr. Ellinger with his handcuffs and the officers begin attempting to handcuff Mr. Ellinger. As Mr. Ellinger flailed his arms and legs, multiple officers held his legs while others tried to pull his arms behind his back. The officers repeated statements such as, “You’re fine,” “You’re good,” and, “It’s okay,” to Mr. Ellinger as they tried to put the handcuffs on. After about a minute, officers secured the handcuffs on Mr. Ellinger and rolled him onto his side. Officer Mobley said,

“We just don’t want him face down,” and an MTA officer responded, “Ok.” The officers then held Mr. Ellinger in place while waiting for medics; body-worn camera video shows that officers applied pressure to Mr. Ellinger’s shoulder, arm, and legs, but not to his chest, back, neck, or head.



Image 3: Image from Officer Barnes-Klipa’s body-worn camera video showing officers holding Mr. Ellinger on his side after handcuffing him.

Three minutes after officers handcuffed Mr. Ellinger, medic Donald Carroll injected a sedative into his shoulder. He said, “This is not the strongest stuff in the world, but it will help.” He also said, “It’s going to put him in a daze.”

At Mr. Carroll’s instruction, officers then lifted Mr. Ellinger onto the stretcher. Mr. Carroll told them, “As long as he’s not lying face down, that would be great.” Officers placed Mr. Ellinger on his side, where he continued attempting to flail. Based on officers’ body-worn camera videos, it appears that this movement by Mr. Ellinger shifted him from his side onto his stomach while officers and medics affixed the stretcher straps around Mr. Ellinger’s body. He was in this position for approximately one minute before being placed in the ambulance. As officer’s strapped Mr. Ellinger in, Officer Lewis patted him on the shoulder and said, “It’s ok,” and, “It’s alright,” several times. Body-worn cameras did not capture the medics or other officers saying anything relevant to Mr. Ellinger’s care during this time.



Image 4: Image from Officer Mobley’s body-worn camera video as Mr. Carroll pushed the stretcher toward the ambulance.

The medics placed Mr. Ellinger into the ambulance at 4:29 p.m. No officers got into the ambulance with them at that point. The two BPD and five remaining MTA officers—Officer Robinson had been called to an unrelated incident—stood in the street, where they picked up Mr. Ellinger’s wallet and saw several white pills spilled on the street next to where Mr. Ellinger had been lying. Officer Barnes-Klipa got into the ambulance approximately two minutes later, standing just inside the ambulance’s side door while Mr. Carroll and medic Carlton Gibson provided medical aid to Mr. Ellinger. Officer Mobley replaced Officer Barnes-Klipa in the ambulance four minutes later. He also stood just inside the side door of the ambulance. None of the MTA officers had any interaction with Mr. Ellinger after medics placed him in the ambulance.

Inside the ambulance, Mr. Carroll stood next to Mr. Ellinger, obtaining measurements of vital signs such as blood pressure and blood sugar levels. Mr. Gibson sat at Mr. Ellinger’s head. Mr. Ellinger remained strapped in a prone position on the stretcher, alternating between lying still and struggling against the stretcher’s straps while speaking incomprehensibly.



Image 5: Image from Officer Barnes-Klipa's body-worn camera video showing Mr. Ellinger and the two medics in the back of the ambulance.

At 4:33 p.m., when Mr. Ellinger had been in the ambulance for four minutes, Mr. Gibson said, “Get his face out of that damn thing.” He appeared to be referencing Mr. Ellinger having his face against the stretcher. Mr. Carroll responded, “Yeah, I’m going to try and get him on his side in a second.” Mr. Carroll then continued attempting to get a blood sugar sample. Mr. Gibson tried to turn Mr. Ellinger’s head but could not; instead, he pulled the stretcher sheet away from Mr. Ellinger’s face. Mr. Ellinger appeared to still be struggling against the restraints and handcuffs at this point, though less forcefully than before. Mr. Gibson said, “I think the Versed [the sedative] is kicking in.”

At 4:35 p.m., after Officer Mobley replaced Officer Barnes-Klipa in the ambulance, Mr. Carroll said, “Can I get your advice? I’d rather he be on his side, so he doesn’t swallow his [inaudible].” Officer Mobley responded, “Absolutely.” Mr. Ellinger was no longer struggling against the restraints; he was moving only slightly. About 20 seconds later, Mr. Carroll began detaching the stretcher straps, and Officer Mobley helped roll Mr. Ellinger onto his right side.

With Mr. Ellinger on his side, Mr. Carroll said that Mr. Ellinger’s lips were blue and began taking additional medical measures. Body-worn camera video shows that Mr. Ellinger’s torso and legs were not moving; the video shows his head only momentarily and from an angle that obscures his face. Mr. Carroll then took out an assisted breathing device and told Mr. Gibson he could administer Narcan, [REDACTED]. Officer Mobley asked if he could remove the handcuffs and did so when Mr. Carroll said he was “not worried about the cuffs” at that point. Officer Mobley helped roll Mr. Ellinger onto his back, helped strap his arm to the automatic chest compression machine, cut his shirt for medics, then stood to the side of the stretcher as the medics began assisted breathing and chest compressions.

During this process, Officer Mobley assisted Mr. Carroll with maneuvering Mr. Ellington's body and said, "Yep, I'm definitely a fish out of water right here." Mr. Carroll replied, "No, you're a tremendous help, man. I appreciate it. I don't know anything about enforcing the laws so I wouldn't be any help to you."

At 4:41 p.m., additional medical personnel arrived at the ambulance. Mr. Carroll informed them, "He was excited delirium. We got some Versed [the sedative]. And then he just went flat out." Officer Mobley continued standing to the side of the stretcher. At 4:42 p.m., he asked, "Should I get out of the medic?" Mr. Carroll said he should and that he appreciated Officer Mobley's help. Officer Mobley got out the back of the ambulance while the medics continued providing aid. [REDACTED]

[REDACTED] Medics' reports indicate that Mr. Ellinger regained a pulse and was transported to the hospital.

After Officer Mobley left the ambulance, he spoke with Officer Barnes-Klipa in the street behind the ambulance. At 4:55 p.m., both officers began following the ambulance as it left the scene for the hospital. They arrived at the hospital two minutes later and entered with Mr. Ellinger and the medics.

[REDACTED]
[REDACTED]
[REDACTED] when they pronounced Mr. Ellinger dead.

C. Statements

1. Medics

The IID requested to interview Mr. Carroll and Mr. Gibson, but counsel for BCFD stated that Mr. Carroll and Mr. Gibson would not provide voluntary interviews.

Mr. Gibson did, however, write a report summarizing the medics' actions in this incident. He said the medics arrived at the scene at 4:17 p.m. and found Mr. Ellinger "lying in the middle of the street under the influence of an unknown substance." He said Mr. Ellinger was "combative and uncooperative" before being restrained by BPD and MTA Police officers. Mr. Gibson wrote that Mr. Ellinger "presented a danger to himself and others." He said that Mr. Ellinger was given Versed and placed on a stretcher, then "placed on his right side with vitals being assessed," and that Mr. Ellinger was given Narcan. Body-worn camera video shows that Mr. Ellinger was on his stomach when strapped to the stretcher while his vital signs were being taken. Mr. Gibson wrote that Mr. Ellinger [REDACTED]

[REDACTED] He wrote that medics continued to care for Mr. Ellinger in the ambulance before arriving at the hospital at 4:57 p.m. Mr. Gibson wrote that medics' involvement ended at 6:38 p.m.

2. Law Enforcement Officers

Under Maryland law effective July 1, 2022, a police officer must “fully document all use of force incidents that the officer observed or was involved in.” Public Safety § 3-524(e)(4). The statute does not define what “fully document” means and does not state what constitutes a use of force incident. MTA Police policies require that all officers “who are involved in or who observe a use of force incident shall prepare and submit a Use of Force Report.” However, MTA Police policies do not require reports after “hand-to-hand control techniques that have minimum or no chance of producing injuries, and no injuries are claimed by the suspect/person, and are used to gain control over, or subdue non-compliant or resisting persons.” BPD policies similarly require written reports regarding use-of-force incidents, but also state that, “Escorting, touching, or handcuffing a person with minimal or no resistance does not constitute a Level 1 Use of Force.” It is unclear, therefore, whether state law or departmental policies required written reports from the officers in this case. As discussed below, all of the MTA Police officers wrote reports after this incident; neither of the BPD officers wrote reports.

All seven officers involved in this incident, like the subjects of any criminal investigation, have a right under the Fifth Amendment to refrain from making any statement. This Fifth Amendment right also applies to written statements. The United States Supreme Court has held that if such a statement is ordered, the result of threat, or otherwise compelled (*i.e.*, not voluntary), it cannot be used against an officer in a criminal investigation and may not be considered by criminal investigators. *Garrity v. State of N.J.*, 385 U.S. 493 (1967) (holding that officers’ statements made under threat of termination were involuntary); *Department of Public Safety and Correctional Services v. Shockley*, 142 Md. App. 312, 325 (2002) (“the dispositive issue is whether [the supervisor] *demanded* that the appellee answer the questions”) (emphasis in original).

In this case, the two BPD officers neither wrote reports nor provided interviews to investigators. They did, however, make statements that were captured by their body-worn cameras. Those statements are included in the factual findings above and discussed further below.

All six MTA officers wrote reports and three provided interviews for BPD investigators. An IID attorney and investigator unassociated with this investigation reviewed these statements to determine whether they were compelled. The officers’ reports were determined not to be compelled, as they were produced as an ordinary part of the officers’ duties rather than due to a direct order. The three interviews were determined to be compelled, as the officers were ordered by their supervisors to sit for the interview. However, the IID reviewers determined that any content contained in these interviews was also available from independent, uncompelled sources. Therefore, the interviews were not excluded from the IID’s investigation.

All officers’ oral and written statements were consistent with the other available evidence in this investigation.

1. BPD Officer Sharrod Mobley

In addition to the statements described in the factual findings above, Officer Mobley's body-worn camera captured him speaking on the phone several minutes after getting out of the ambulance. Officer Mobley said, "I responded over here with [Officer Barnes-Klipa] in reference to a guy rolling around in the street. We get here, there is a guy rolling around on the street, there's a bunch of MTA officers on scene. We get him in cuffs, get him on to the stretcher. They get him into the ambulance. On scene we recover a bunch of white pills or something. Secured those, so like now, they're like prepping him to go to the hospital, and then I guess he stopped breathing or something, so now they're working on him." He then said, apparently referencing the medics asking him to get out of the ambulance, "No, was in there [the ambulance]; I asked them if they wanted me to leave so they could work, and they said yeah."

2. BPD Officer Ryan Barnes-Klipa

In addition to the statements described in the factual findings above, Officer Barnes-Klipa's body-worn camera captured him speaking with a sergeant on the phone while still on-scene. He told the sergeant, "He [Mr. Ellinger] was trying to run into traffic, and he was going crazy. Me and other MTA officers had to restrain him and put him in handcuffs. He's in the medic right now. And he's seizing up." The sergeant questioned, "So he's fine and you guys didn't use force or anything like that, correct?" Officer Barnes-Klipa replied, "No, he's uh, they're trying to resuscitate him now." The sergeant then clarified what Officer Barnes-Klipa meant, and Officer Barnes-Klipa said, "Yeah, he had some pills on the ground next to him. So, he must've taken something." The sergeant asked if Mr. Ellinger overdosed, and Officer Barnes-Klipa said, "Yeah, I believe so."

The sergeant then asked Officer Barnes-Klipa to tell him again what happened. Officer Barnes-Klipa said, "First got to scene, MTA officers surrounding him, he was freaking out, he didn't want anybody touching him. He has like staples on his arm or whatever. Since he's rolling around on the ground or whatever, trying to make sure, I guess he got like stitches or something previously, so then he's starting to bleed. He's not making any sense and we had to handcuff him, because he kept running into traffic." The sergeant then clarified, "So he was overdosing?" And Officer Barnes-Klipa said, "Yeah, I believe so because there was pills that he was trying to pick up from the ground, they're like white pills. I don't know what they are but—." The sergeant then asked at what point Mr. Ellinger lost consciousness and Officer Barnes-Klipa said, "Once he got into the medic. Before we were transporting him, because we had to restrain him because he kept fighting us."

3. MTA Officer Daitione Garnett

Officer Daitione Garnett wrote an incident report on July 26, 2023. Officer Garnett said that he and Officer Watson were dispatched to the Convention Center Light Rail Station for the report of "people fighting and a person laying in the track area." He said that when he and Officer Watson got to the scene at approximately 4:20 p.m., there was not anyone fighting or lying near the tracks, but "several patrons on the platform pointed across the street towards Baltimore City Medic Number 9 personnel in the street with an unknown white male." Officer

Garnett further wrote that the man “appeared to be under the influence of a narcotic and was rolling around on the ground in the street.”

Officers Garnett said two additional BPD officers arrived at 4:24 p.m. and “assumed control over the incident.” He said, “Medical personnel asked all the officers to assist them with detaining the white male,” so the officers did so. The officers then “placed [Mr. Ellinger] in the recovery position on his left side.” Officer Garnett recalled that Officer Talbert and a BPD officer held Mr. Ellinger’s legs to prevent him from kicking or rolling around, Officer Watson held Mr. Ellinger’s head to prevent it from hitting the ground, and Officer Garnett held Mr. Ellinger’s shoulders and hip areas to prevent him from rolling back onto his stomach.

Officer Garnett wrote that once Mr. Ellinger was restrained, medical personnel “administered a medication to help calm [Mr. Ellinger] . . . [and] advised the medication administered should take approximately 4 minutes” to take effect. Officer Garnett said the medics requested officers help them by placing Mr. Ellinger onto the stretcher. He wrote that officers did so, and Mr. Ellinger was strapped to the stretcher. Once Mr. Ellinger was on the stretcher, “he was still trying to move around” but was conscious and breathing when he was placed in the ambulance. Officer Garnett wrote that the BPD officers then said they did not need additional help from the MTA Police officers.

4. MTA Officer Andre Watson

Officer Andre Watson wrote an incident report on July 26, 2023. He advised that officers received the call in the same way that Officer Garnett described above. He wrote that when they saw Mr. Ellinger, he “appeared to be under the influence of an unknown substance. The white male was rolling on the ground screaming and clawing at the pavement (pill bottle and pills scattered next to him).” Officer Watson also wrote, as Officer Garnett had, that BPD officers arrived and “assumed control” at 4:24 p.m.

Officer Watson wrote that a BPD officer handcuffed Mr. Ellinger as “Officer Talbert and another Baltimore City Officer were able to hold [Mr. Ellinger’s] legs down horizontally stopping him from kicking and rolling around on the ground,” while Officer Watson held his head to keep it “from hitting the ground,” and Officer Garnett “held his shoulders and hip area so he would not roll back over on to his stomach.”

Officer Watson recalled that medics administered a sedative in Mr. Ellinger’s right arm and said it would take four minutes to take effect. He wrote that at the direction of the medics, officers placed Mr. Ellinger on the stretcher and belted him in while he was still trying to “roll around.” Mr. Ellinger was conscious and breathing when the medics placed him in the ambulance. Officer Watson said that the BPD officers then told the MTA officers they did not need further assistance.

5. MTA Officer Michelle Lewis

Officer Michelle Lewis wrote an incident report on July 26, 2023. Officer Lewis wrote that she responded to the call with Officer Talbert, arriving after the medics and Officers Garnett

and Watson. She said that Mr. Ellinger “appeared to be under the influence of a narcotic and was rolling around on the ground in the street making incoherent sounds.” Officer Lewis wrote that she tried to communicate with Mr. Ellinger but received no response, and Mr. Ellinger continued to “mumble gibberish.” Officer Lewis said that shortly after she arrived, two BPD officers arrived and “assumed control over the incident.”

Officer Lewis wrote that officers handcuffed Mr. Ellinger and then held his legs and head to prevent him from hurting himself. Officer Lewis wrote that the medics retrieved a sedative, which they administered, and that they then asked officers to help place Mr. Ellinger on the stretcher. Officer Lewis wrote that once Mr. Ellinger was strapped down, he “was still moving around on the stretcher while being escorted to the medic” and was conscious and breathing.

Officer Lewis said that once Mr. Ellinger was loaded into the ambulance, she provided his wallet to the BPD officers and informed them that there were white pills on the ground near where Mr. Ellinger had been lying.

6. MTA Officer Perry Talbert

Officer Perry Talbert wrote an incident report on July 26, 2023. Officer Talbert said that he responded to the scene with Officer Lewis and saw “several officers were struggling to control [Mr. Ellinger] who appeared to be experiencing a psychotic episode . . . [and] was rolling on the ground, making incoherent sounds.” Officer Talbert said he observed officers “having difficulty gaining control” of Mr. Ellinger.

Officer Talbert wrote that he and Officer Lewis attempted to talk with Mr. Ellinger and offered him water but were unable to get a response. He said that officers ultimately handcuffed Mr. Ellinger, although, “he persisted in trying to break free.” Officer Talbert recalled a medic administering a sedative, but that it did not take immediate effect.

Officer Talbert said officers observed “about seven white pills with the number ‘600’ imprinted on them beneath [Mr. Ellinger] on the stretcher.” Once the sedative began working, Officer Talbert said several officers lifted him onto the stretcher where “[h]e remained agitated, but we managed to secure him in the medic’s care.”

7. MTA Officer Ralph Massimei

Officer Massimei wrote an incident report on July 30, 2023. He said that he responded to a report of a “fight in progress” and observed Mr. Ellinger “on the ground kicking the air at anybody that came close to assist him.” Officer Massimei said that a BPD officer decided to place Mr. Ellinger in custody for “his own safety and the safety of others.” Once he was handcuffed, Officer Massimei said Mr. Ellinger was “immediately assisted on to the medics[’] stretcher where he was then transported for medical attention.”

8. MTA Officer Gregory Robinson

Officer Gregory Robinson wrote an incident report on July 26, 2023. Officer Robinson said he responded to a call from dispatchers of “a fight in progress and a patron lying on the tracks.” Upon arrival, Officer Robinson saw a man lying in the street but was focused on guiding traffic around the man, medics, and officers. He then received a call to assist with a disabled train nearby and left the scene.

IID investigators also interviewed Officer Robinson on August 14, 2023. Officer Robinson’s verbal account was consistent with his incident report. He also said the call from dispatchers came through at 4:20 p.m., and he arrived three minutes later to find other officers standing with Mr. Ellinger. Officer Robinson said he then positioned his patrol car between traffic and the officers with Mr. Ellinger in the street. He said he stayed near his vehicle, approximately 5 to 10 feet from other officers and Mr. Ellinger, for the four or five minutes he was on-scene. He said he was then called to assist with the disabled train.

III. Involved Parties’ Backgrounds

As part of its standard investigative practice, the IID obtained information regarding the involved parties’ criminal histories and departmental internal affairs and relevant training records. To the extent any criminal history exists, it is being provided to the Baltimore City State’s Attorney’s Office with this report.

A. Trea Ellinger:

Mr. Ellinger was a 29-year-old white man from Glen Burnie, Maryland.

B. BPD Officer Sharrod Mobley

Officer Mobley is a Black man who was 33 years old at the time of this incident. He was hired by BPD in December 2020. [REDACTED] Officer Mobley has not been the subject of any prior Internal Affairs complaints or investigations relevant to the analysis of this incident.

C. BPD Officer Ryan Barnes-Klipa

Officer Barnes-Klipa is a white man who was 26 years old at the time of this incident. He was hired by BPD in June 2022. [REDACTED] Officer Barnes-Klipa has not been the subject of any prior Internal Affairs complaints or investigations relevant to the analysis of this incident.

D. MTA Police Officer Michelle Lewis

Officer Lewis is a Black woman who was 39 years old at the time of this incident. She was hired by the MTA Police in October 2015. [REDACTED] Officer Lewis has not been the subject of any prior Internal Affairs complaints or investigations relevant to the analysis of this incident.

E. MTA Police Officer Daitione Garnett

Officer Garnett is a Black man who was 30 years old at the time of this incident. He was hired by the MTA Police in April 2017. [REDACTED] Officer Garnett has not been the subject of any prior Internal Affairs complaints or investigations relevant to the analysis of this incident.

F. MTA Police Officer Ralph Massimei

Officer Massimei is a white man who was 26 years old at the time of this incident. He was hired by the MTA Police in February 2018. [REDACTED] Officer Massimei has not been the subject of any prior Internal Affairs complaints or investigations relevant to the analysis of this incident.

G. MTA Police Officer Perry Talbert

Officer Talbert is a Black man who was 37 years old at the time of this incident. He was hired by the MTA Police in January 2018. [REDACTED] Officer Talbert has not been the subject of any prior Internal Affairs complaints or investigations relevant to the analysis of this incident.

H. MTA Police Officer Andre Watson

Officer Watson is a Black man who was 35 years old at the time of this incident. He was hired by the MTA Police in January 2018. [REDACTED] Officer Watson has not been the subject of any prior Internal Affairs complaints or investigations relevant to the analysis of this incident.

IV. Applicable Policies

BPD and MTA Police have the following policies concerning medical treatment for civilians in police custody. The policies discussed below are attached as Appendix B and Appendix C.

A. BPD Policy 801 Overdose Response and Investigation Protocol

This policy provides that officers must, “Render/request medical aid for the victim” of a suspected overdose.

B. BPD Policy 1114 Persons in Police Custody

BPD policy does not specifically address restraining an individual experiencing an overdose for the safety of themselves or others. However, it does provide that when there are “signs of medical distress, withdrawal or overdose,” officers must “immediately render aid consistent with their training.” Officers must “then request that a medic respond to the scene or transport the detainee directly to the nearest hospital emergency room.” The policy states, “Members shall never leave [a] handcuffed detainee on hot pavement or in a face-down prone position.”

C. MTA Police Standard Operating Procedures 5.4 Treatment and Care of Prisoners

This policy states that if someone in custody becomes ill, “officer[s] will immediately request medical attention.” The policy goes on to state that, “qualified medical personnel will be called to treat the individual.”

D. MTA Police Standard Operating Procedures 7.13 Use of Naloxone (Narcan)

While this policy is not directly applicable in this case because medics preceded the officers on-scene and officers did not administer Narcan, it is nonetheless illustrative of how officers are instructed to deal with situations involving potential drug overdoses. This policy states that, “Officers shall immediately request emergency medical personnel . . . if an opioid overdose is observed or suspected.” It further says that, “officers shall observe the individual closely until the arrival of EMS personnel and transfer of care.” It says that, “Handcuffs or other restraints may be used if deemed necessary by responding officers.” The policy says that individuals who respond to naloxone should be placed “on their side in the recovery position.”

V. Applicable Law & Analysis

The IID analyzed Maryland criminal offenses that could be relevant in a death of this nature. This section presents the elements of each possible criminal charge, analyzes these elements, and reviews any potential defenses considering the factual findings discussed above. This report focuses specifically on the officers’ actions handcuffing and physically controlling Mr. Ellinger, placing him on the stretcher, and monitoring him while medics provided aid.

As noted at the outset, the IID has jurisdiction to investigate the actions only of police officers, not other government personnel or civilians. This section will therefore address the conduct of only the two BPD officers and five MTA officers involved in the control of and care for Mr. Ellinger. It will not discuss the conduct of the two medics involved in this incident.

A. Involuntary Manslaughter

The crime of involuntary manslaughter requires the State to prove: “(1) that the defendant acted in a grossly negligent manner; and (2) that this grossly negligent conduct caused the death of [Mr. Ellinger].” MPJI-Cr 4:17.9 Homicide—Involuntary Manslaughter (Grossly Negligent Act and Unlawful Act), MPJI-Cr 4:17.9 (2d Ed. 2022).

As to the first element, gross negligence is conduct which “amount[s] to a wanton and reckless disregard for human life.” *Duren v. State*, 203 Md. 584, 588 (1954). The Court of Appeals has held that, “a violation of police guidelines *may* be the basis for a criminal prosecution.” *State v. Pagotto*, 361 Md. 528, 557 (2000) (citing *State v. Albrecht*, 336 Md. 475, 502-03 (1994)) (emphasis in original). The Court clarified that, “while a violation of police guidelines is not negligence *per se*, it is a factor to be considered in determining the reasonableness of police conduct.” *Id.* (citations omitted). Maryland courts have considered officers’ policy violations as evidence of negligence, recklessness, unreasonableness, and corrupt intent.² However, a “hypertechnical” violation of policy, without more, is not sufficient to establish gross negligence. *Pagotto*, 127 Md. App. 271, 304 (1999).

As to the second element, the State would have to prove: (1) “but-for causation” (*i.e.*, but for the defendant’s conduct, the death at issue would not have occurred); and (2) “legal causation” (*i.e.*, the ultimate harm was reasonably foreseeable given the defendant’s actions and was reasonably related to those actions). *State v. Thomas*, 464 Md. 133, 152 (2019) (citing *Palmer v. State*, 223 Md. 341, 352-53 (1960)).

One possible defense to an involuntary manslaughter charge is the “law enforcement justification defense,” which acknowledges that every police officer “must commit a ‘technical’ battery in order to make an arrest” and has legal justification to do so, so long as the force used is not excessive. *French v. Hines*, 182 Md. App. 201, 264-65 (2008) (citations omitted). But if the officer uses excessive force in effectuating an arrest, the privilege is lost. *Id.*

Prior to the enactment of the Maryland Use of Force Statute, Public Safety § 3-524, whether an officer’s use of force was excessive was evaluated under a standard of objective reasonableness “in light of the facts and circumstances confronting them.” *Lombardo v. City of St. Louis, Missouri*, 594 U.S. ___, 141 S. Ct. 2239, 2241 (2021) (per curiam) (quoting *Graham v. Connor*, 490 U.S. 386, 396 (1989)); accord *State v. Pagotto*, 361 Md. at 555 (applying the *Graham* reasonableness standard). In determining whether an officer’s use of force was reasonable, attention is paid to “the severity of the crime at issue, whether the suspect poses an immediate threat to the safety of the officers or others, and whether [the suspect] is actively resisting arrest or attempting to evade arrest by flight.” *Graham*, 490 U.S. at 396.

² See, e.g., *Albrecht*, 336 Md. at 503; *Pagotto*, 361 Md. at 550-53; *Koushall v. State*, 249 Md. App. 717, 728-29 (2021), *aff’d*, No. 13, Sept. Term, 2021 (Md. Feb. 3, 2022); *Kern v. State*, No. 2443, Sept. Term 2013, 2016 WL 3670027, at *5 (Md. Ct. Spec. App. Jul. 11, 2016); *Merkel v. State*, No. 690 Sept. Term 2018, 2019 WL 2060952, at *8 (Md. Ct. Spec. App. May 9, 2019); *Mayor and City Council of Baltimore v. Hart*, 395 Md. 394, 398 (2006) (civil litigation). Unpublished opinions are cited here for illustrative purposes only.

There has not yet been any judicial analysis of how the Maryland Use of Force Statute, effective July 1, 2022, affects the applicability of this reasonableness analysis. The Use of Force Statute, as discussed in Section V(C) below, provides that officers may only use necessary and proportional force. It is possible that this standard completely supplants reasonableness as the benchmark against which officers' conduct should be measured. On the other hand, it is possible that the necessary and proportional standard applies only to the new excessive force offense created by the Maryland Use of Force Statute, leaving reasonableness as the appropriate standard for other offenses. The Office of the Attorney General's Opinions Division concluded that this latter interpretation is more likely for several reasons, including the fact that the General Assembly did not express an intent to supersede the existing reasonableness standard for offenses other than the newly created excessive force crime. [Letter](#) of Assistant Attorney General Rachel A. Simonsen to State's Attorney Aisha N. Braveboy, Prince George's County State's Attorney's Office (Jan. 18, 2023). However, the opinion notes that necessity and proportionality would presumably be important factors in the reasonableness determination because of the new statutory standard and because this standard has now been integrated into police department policies statewide.

This interim report will focus on the first element of this offense, gross negligence, rather than the second element, causation, because the Officer of the Chief Medical Examiner has not yet produced a final autopsy report analyzing Mr. Ellinger's cause of death. That autopsy report may shed light on the question of causation, but the autopsy is not necessary to address the question of gross negligence.

In this case, any potential gross negligence would have come from one of two sets of acts or omissions. First, officers handcuffing Mr. Ellinger and holding him in place on the street. And second, officers assisting in strapping Mr. Ellinger to the stretcher and being present while he remained strapped in a prone position.

Regarding the officers' handcuffing and holding Mr. Ellinger, at the time officers did so, there was reason to believe Mr. Ellinger was a threat to himself and others. Mr. Ellinger had been flailing and rolling on the street for more than ten minutes, lunged at a civilian and a medic who tried to help him, and would not leave the street when encouraged by medics. There was significant traffic on the street, and Mr. Ellinger had repeatedly stumbled and fallen while medics and officers were present. Officers handcuffed Mr. Ellinger at the medics' request and kept him on his side while medics retrieved the stretcher and administered a sedative. Officers applied pressure to Mr. Ellinger's shoulder, arm, and legs to keep him controlled, but did not apply pressure to his chest, back, neck, or head. Ultimately, when medics believed Mr. Ellinger was suffering a more critical medical emergency, Officer Mobley removed the handcuffs and helped position Mr. Ellinger to receive medical treatment.

Regarding the officers' assistance in strapping Mr. Ellinger to the stretcher and presence while he remained in a prone position, a factfinder—a judge or jury—may look first to departmental policies in evaluating whether officers' conduct was reasonable or, as would be necessary to prove this charge, grossly negligent. Specifically, a factfinder might consider whether officers should have done more to ensure Mr. Ellinger was on his side, not his stomach, while on the stretcher. Both MTA Police and BPD policies indicate that someone who is

detained or suffering a potential overdose should be kept on their side, not on their stomach. Multiple officers demonstrated their knowledge of this prescribed practice by saying during the incident that they wanted to make sure Mr. Ellinger was kept on his side, and by keeping him in this position after he was handcuffed on the street while medics retrieved the stretcher and sedative. Mr. Gibson and both BPD officers also said at different points in the ambulance that they should try to move Mr. Ellinger onto his side. Ultimately, Mr. Ellinger remained on his stomach for about eight minutes between being strapped to the stretcher and when medics and Officer Mobley moved him onto his back when it appeared he was suffering a more severe medical emergency.

Throughout this incident, however, the medics, not the officers, appear to have been the first responders most responsible for Mr. Ellinger's care. MTA Police and BPD policies consistently state that officers must request professional medical assistance for an individual who is in medical distress or potentially overdosing. These policies suggest—but do not explicitly state—that officers should defer to these medical professionals rather than substituting their own judgment about the person's care. This approach comports with common sense and caselaw. *See McCoy v. Hatmaker*, 135 Md. App. 693, 719-20 (2000) (finding no fault where an officer who faced a civilian's medical emergency "turned the case over to more qualified personnel" by deferring to medics instead of administering aid himself).³ In this case, the medics were the first to arrive on scene, followed by the MTA officers and then the BPD officers. Both before officers arrived and at times after Mr. Ellinger was placed in the ambulance, the medics were with him while no officers were present. The medics also told the officers they would like Mr. Ellinger in handcuffs, had the officers hold him while they administered a sedative, instructed the officers to load him onto the stretcher, and gave permission for Officer Mobley to ultimately remove the handcuffs. The MTA Police officers left the scene after the medics loaded Mr. Ellinger into the ambulance. While in the ambulance, the medics provided medical care consistently while the BPD officers were merely present until the medics asked for assistance physically moving Mr. Ellinger. In the ambulance and afterward, Officer Mobley acknowledged he was following medics' lead in terms of medical care, which the medics also acknowledged.

Ultimately, a factfinder would evaluate the officers' actions or inaction within the context of this deference to medical personnel. When officers handcuffed Mr. Ellinger, they kept him on his side in the street until putting him on the stretcher. They, with the medics, originally placed Mr. Ellinger on his side on the stretcher, but Mr. Ellinger continued moving and rolled onto his stomach, where officers and medics strapped him. While in the ambulance, both Officer Barnes-Klipa and Officer Mobley told medics at different points that it would be better to have Mr. Ellinger on his side. The medics acknowledged the officers' statements but continued taking

³ *See also McGaw v. Sevier County, Tennessee*, 715 Fed. Appx. 495, 498 (6th Cir. 2017) ("Cases in this and other circuits demonstrate that a non-medically trained officer does not act with deliberate indifference to an inmate's medical needs when he 'reasonably deferred to the medical professionals' opinions") (citations omitted); *District of Columbia v. Howard*, 588 A.2d 683, 689 (D.C. App. 1991) (accepting an expert's testimony that "it was appropriate for the police officers to defer to the judgment of knowledgeable individuals [emergency medical technicians and a police supervisor] on the scene in determining whether to transport an individual"); *Ramirez v. City of Chicago*, 82 F. Supp. 2d 836 (N.D. Ill. 1999) ("the Police Department is the agency designated by the state to take persons into custody, while the Fire Department is designated with the responsibility, among other things, to provide medical care for persons in need").

vitals and providing aid to Mr. Ellinger without moving him. While in the ambulance, the BPD officers were primarily observers, and the MTA Police officers had already left the scene.

For the State to succeed on this charge, a factfinder would need to balance these facts and legal considerations to find beyond a reasonable doubt that the officers were grossly negligent. The factfinder would then need to find there was a causal connection between the officers' gross negligence and Mr. Ellinger's death, though as stated above, this interim report is not addressing causation because the IID has not yet received an autopsy report from the Office of the Chief Medical Examiner.

B. Reckless Endangerment

The crime of reckless endangerment requires that State prove: (1) that the defendant engaged in conduct that created a substantial risk of death or serious physical injury to another; (2) that a reasonable police officer⁴ under the circumstances would not have engaged in that conduct; and (3) that the defendant acted recklessly. MPJI-Cr 4:26B Reckless Endangerment, MPJI-Cr 4:26B (2d ed. 2022) (modified). "The defendant acted recklessly if he was aware that his conduct created a risk of death or serious physical injury to another and then he consciously disregarded that risk." *Id.*

The focus in a reckless endangerment charge is the "reckless conduct and not the harm caused by the conduct." *Minor v. State*, 326 Md. 436, 442 (1992). It was "designed to punish potentially harmful conduct even under those fortuitous circumstances where no harm results." *Williams v. State*, 100 Md. App. 468, 480 (1994). Whether the defendant's conduct created a substantial risk of death or physical injury is an objective determination and is not dependent upon the subjective belief of the defendant. *Id.* At 443. "The test is whether the . . . misconduct, viewed objectively, was so reckless as to constitute a gross departure from the standard of conduct that a law-abiding person would observe, and thereby create the substantial risk that the statute was designed to punish." *Id.* The standard is satisfied by negligence that is "gross or criminal, *viz.*, such as manifests a wanton or reckless disregard of human life." *Mills v. State*, 13 Md. App. 196, 200 (1971) (interpreting voluntary manslaughter), *cert. denied*, 264 Md. 750 (1972). Reckless endangerment can be caused not merely by a reckless action, but also by inaction when one has a legal duty. *State v. Kanavy*, 416 Md. 1, 8 (2010).

In this case, the analysis of reckless endangerment largely parallels that of involuntary manslaughter above. Reckless endangerment does not require proof that the defendant caused the ultimate harm, as involuntary manslaughter does, but the analysis regarding gross negligence would apply similarly here. The officers' actions or inaction should be evaluated in the context of the medics arriving on scene first, actively providing medical care to Mr. Ellinger, and seemingly being primarily responsible for the situation throughout. On one hand, both police departments' policies require that officers keep someone suffering an overdose or in custody on their side, not on their stomach. On the other hand, both departments' policies and caselaw

⁴ "[Officer-involved] cases are evaluated under a heightened 'reasonable police officer under the circumstances' standard, rather than a reasonably prudent person standard." *State v. Thomas*, 464 Md. 133, 157 (2019) (quoting *Albrecht*, 336 Md. at 487).

suggest that officers should defer to medical professionals with respect to medical care. Officers handcuffed Mr. Ellinger at the medics' request, positioned him on his side while he was in the street, attempted to do so when placing him on the stretcher until he rolled onto his stomach, and the BPD officers suggested to medics that they move Mr. Ellinger onto his side when he was in the ambulance. A factfinder would need to balance these facts and the relevant legal authorities when deciding whether the officers' conduct was reckless and inconsistent with how a reasonable officer would have acted under the circumstances.

C. Other Offenses

There are other charges for which full analysis was not warranted given the facts of this incident. Those charges are addressed briefly here.

The Maryland Use of Force Statute makes it a crime for officers to intentionally use force that is not, "under the totality of the circumstances, . . . necessary and proportional to: (i) prevent an imminent threat of physical injury to a person; or (ii) effectuate a legitimate law enforcement objective." Public Safety § 3-524(d)(1). In this case, the force used by officers was handcuffing Mr. Ellinger, holding him in place, and securing him on the stretcher. Given Mr. Ellinger's flailing and rolling in the street over more than ten minutes and his refusal to accept help from either civilians or first responders, it would be difficult for the State to prove that the amount of force used was not necessary or proportional to protect Mr. Ellinger, officers, medics, and members of the public.

The crime of misconduct in office requires the State prove: (1) that the defendant was a public officer; (2) that the defendant acted in their official capacity or took advantage of their public office; and (3) that the defendant corruptly did an unlawful act (malfeasance), corruptly failed to do an act required by the duties of their office (nonfeasance), or corruptly did a lawful act (misfeasance). MPJI-Cr 4:23 Misconduct in Office (Malfeasance, Misfeasance, and Nonfeasance), MPJI-Cr 4:23 (2d ed. 2022). "[T]he conduct must be a willful abuse of authority and not merely an error in judgment." Comment to *id.* (citing Hyman Ginsberg and Isidore Ginsberg, *Criminal Law & Procedure in Maryland* 152 (1940)). In this case, the available evidence does not suggest that any officer acted with corrupt intent, which is defined as "depravity, perversion, or taint." *Id.*

This interim report has presented factual findings and legal analysis relevant to the in-custody death that occurred on July 25, 2023, in Baltimore, Maryland. The IID will provide a supplemental report when it receives the autopsy report from the Office of the Chief Medical Examiner. Please do not hesitate to contact the IID if you would like us to supplement this interim report in any other way through further investigation or analysis.



INDEPENDENT INVESTIGATIONS DIVISION

Supplemental Report Concerning the Police-Involved
In-Custody Death in Baltimore City on July 25, 2023

November 3, 2023

**Supplemental Report of the Independent Investigations Division of the
Maryland Office of the Attorney General Concerning the Police-Involved
In-Custody Death of Trea Ellinger on July 25, 2023**

The Office of the Attorney General’s Independent Investigations Division (the “IID”) is charged with “investigat[ing] all police-involved incidents that result in the death of a civilian” and “[w]ithin 15 days after completing an investigation ... transmit[ting] a report containing detailed investigative findings to the State’s Attorney of the county that has jurisdiction to prosecute the matter.” Md. Code, State Gov’t § 6-602(c)(1), (e)(1).

Due to the delay in receiving the results of the autopsy examination, in contrast to the finality of all other aspects of the investigation, the IID and the Baltimore City State’s Attorney (“SAO”) agreed that an interim report would be useful. The IID agreed to supplement the interim report upon receipt of the autopsy examination. On October 2, 2023, the IID transmitted its interim report to the SAO.

This supplemental report provides the results of the previously outstanding examination and concludes the IID’s investigation.

I. Autopsy Examination

Trea Ellinger’s autopsy was conducted by Dr. J. Laron Locke, assistant medical examiner at the Office of Chief Medical Examiner, on July 26, 2023. The IID received the final autopsy report on October 27, 2023. Dr. Locke’s opinion states:

This 29-year-old, White male, TREA MICHAEL ELLINGER, died of Mixed Drug (Methadone and Bupropion) Intoxication. The manner of death is Undetermined.¹ Investigation shows that Mr. Ellinger received a stab wound to his shoulder on July 24, 2023, at the facility where he resided. The circumstances of how it was obtained are unclear. However, there was no significant injury, and is not a factor in his cause of death. At the time of his death, Mr. Ellinger was found in an agitated state and sustained the superficial abrasions noted. There were no internal injuries noted. The deceased had not been consuming alcoholic beverages prior to death.

Dr. Locke also noted that “[t]here was no evidence of significant recent injury” to Mr. Ellinger, though there were abrasions on Mr. Ellinger’s chin, left shoulder, hands, and knees. A

¹ Manner of death is a classification used to define whether a death is from intentional causes, unintentional causes, natural causes, or undetermined causes. The Office of the Chief Medical Examiner of Maryland uses five categories of manner of death: natural, accident, suicide, homicide, and undetermined. “Undetermined,” is used when the information pointing to one manner of death is no more compelling than one or more other competing manners of death. “A Guide for Manner of Death Classification”, First Edition, National Association of Medical Examiners, February 2002.

comprehensive toxicology report was also provided. This report indicated that Mr. Ellinger had both Bupropion and Methadone in his system, as well as a smaller amount of Midazolam.²

II. Legal Analysis

In the interim report, the IID conducted its legal analysis using the evidence available at that time, which did not include the autopsy report. Involuntary manslaughter was the only offense discussed in the interim report that could not be fully analyzed without an autopsy report because it required the State to prove causation—that the defendant(s)' actions caused the decedent's death. Accordingly, this supplement discusses causation while the rest of the interim report's legal analysis remains unchanged.

To prove causation, the State would have to prove: (1) “but-for causation” (*i.e.*, but for the subject officers' conduct, Mr. Ellinger's death would not have occurred); and (2) “legal causation” (*i.e.*, that Mr. Ellinger's death was reasonably related to, and a reasonably foreseeable outcome of, the subject officers' actions). *State v. Thomas*, 464 Md. 133, 152 (2019) (citing *Palmer v. State*, 223 Md. 341, 352-53 (1960)).

Because the autopsy report concluded that Mr. Ellinger died of Bupropion and Methadone intoxication, the State would need to show that those substances were in Mr. Ellinger's system due to one or more of the subject officers' actions. As mentioned in the interim report, here, the subject officers' actions consisted of handcuffing Mr. Ellinger, positioning him on a stretcher under the direction of medics, and helping to physically move Mr. Ellinger into an ambulance. The subject officers' interaction with Mr. Ellinger was captured on body-worn camera and MTA station surveillance video. There is no evidence that the officers administered or otherwise caused Mr. Ellinger to ingest either Bupropion or Methadone during the course of this incident.

This supplemental report has presented additional factual findings relevant to the investigation into the in-custody death of Trea Ellinger on July 25, 2023, in Baltimore, Maryland. This report concludes the IID's investigation into this matter. Please contact the IID if you would like us to undertake any additional investigative steps.

² Bupropion, also known as Wellbutrin, is an anti-depressant medication that can also be used to help people quit smoking. Methadone is a medication that is used for pain relief and the treatment of drug addiction. Midazolam, also known as Versed, is a medication used to produce drowsiness and relieve anxiety before medical procedures.

Appendices

Appendix A – Materials Reviewed

911 Calls (2 recordings)
Body Worn Camera Video (5 videos)
CAD Reports (3 items)
Communications Audio (1 item)
Departmental Policies (11 items)
IA History and Training Records (14 items)
Medical Records (2 items)
OAG Reports (12 reports)
Officer Involved Statements (3 recordings)
Officer Witness Statements (1 recording)
Other Video (4 recordings)
Police Reports (4 items)
Subpoenas (3 items)

All materials reviewed have been shared with the Baltimore City State's Attorney's Office via a secure filesharing service.

Appendix B – Relevant Baltimore City Police Department and MTA Police Policies

See attached.

Appendix C – Relevant MTA Police Policies

See attached.

Appendix B
Relevant Baltimore City Police Department



Policy 1114

Subject	
PERSONS IN POLICE CUSTODY	
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By Order of the Police Commissioner

POLICY

The purpose of this policy is to ensure the safety and security of detainees, members, facility staff members, and the public when a person is taken into custody and transported.

CORE PRINCIPLES

Safety. Members shall ensure the safety of detainees at all times. Members shall treat all detainees in a humane manner throughout the time they are in custody, including before, during, and after transportation, with due regard for their physical safety and protection, consistent with sound principles of detainee security.

Duty to Provide Medical Attention. When there is an obvious injury, complaint of injury, signs of medical distress, withdrawal or overdose, or when any detainee requests medical attention, members shall immediately render aid consistent with their training and notify their supervisor and the Communications Section. The member shall then request that a medic respond to the scene or transport the detainee directly to the nearest hospital emergency room. Refer to Policy 1121, *Detainees in Hospital Environments*, for specific policies regarding the safety and security of detainees in hospital environments and hospital details.

Youths. Youth detainees shall not be transported in the same compartment as adult detainees. If a youth is taken into custody, refer to Policy 1202, *Interactions with Youth*.

DIRECTIVES

General Procedures

1. At all times, detainees shall be secured and transported in a manner that ensures their safety.
2. Transporting members shall ensure that seatbelts, the Transportation Video Cameras (TVC), and other safety equipment are properly functioning. Detainees may only be transported in seats with functioning seatbelts. When a detainee is transported in a police vehicle, members shall ensure that:
 - 2.1. Only vehicles with safety barriers and sufficient, functioning seatbelts for each detainee are used for transport. Additionally, all prisoner transport vans shall be outfitted with a grip strap along the rear area of each seat.
 - 2.2. The detainee is secured with the provided seat belt or authorized restraining device.

- 2.3. The member's body-worn camera is activated throughout the duration of the transport.
3. Members shall never leave a detainee unattended in the transport vehicle.
4. Members shall not engage in any unrelated enforcement activities unless failure to act would result in imminent risk of death or serious bodily injury.
5. If transporting a detainee in a vehicle equipped with a TVC, ensure the TVC is recording from the first moment a detainee is placed in the vehicle until the detainee is removed from the vehicle.

Medical Attention Procedures

6. If a medical issue or injury is present or arises, ensure the detainee's safety is maintained at all times. Request/Provide medical attention prior to transporting a detainee, unless transporting the detainee directly to a medical facility.
7. Take precautions not to aggravate any injury when searching and restraining the detainee.
8. Ensure the detainee is guarded at all times.
9. Request a medic unit respond to the scene or transport the detainee directly to the nearest hospital emergency room.
10. Ensure the medical facility or medic unit number is noted on a Supplemental Report to the Incident Report as well as the date and time treatment was provided.
11. When a detainee is ill, hurt, or injured and is to be admitted to a hospital before being processed at Central Booking, the member shall follow the procedures outlined in Policy 1121, *Detainees in Hospital Environments* (currently being drafted).
12. If a detainee refuses treatment at a medical facility, obtain a copy of the detainee's written refusal of treatment from the medical facility, provide it to the booking personnel, and note the refusal on a Supplemental Report.
13. Make note of the medical issue and the assistance given on Charge Information Form, Form 12 (see Appendix A).
14. When observing a detainee in custody, members shall carefully consider the following to provide appropriately for the safety of detainees:
 - 14.1. Statements that might indicate suicidal intent,
 - 14.2. Signs of depression or humiliation,
 - 14.3. Evidence of prior suicide attempts (e.g., scars),
 - 14.4. Activity which would lead a prudent individual to suspect a potential for danger of self-harm (e.g., banging of the head against a wall or hard object, charging into hard objects, etc.),

- 14.5. Evidence or information about health conditions or mental health status received from family, friends, or other sources, and
- 14.6. Information regarding previous arrests, such as the suspect resisted or assaulted the arresting member.
15. Manage all reports of detainees with possible or obvious mental illness, emergency evaluations, and related issues in accordance with Policy 713, *Petitions for Emergency Evaluation & Voluntary Admission*.
 - 15.1. If a detainee meets the criteria for emergency psychological evaluation, members shall:
 - 15.1.1. Immediately transport the detainee to the appropriate medical facility, in accordance with Policy 713, *Petitions for Emergency Evaluation & Voluntary Admission*.
 - 15.1.2. Provide the required supporting documentation to the medical facility treating the detainee, and
 - 15.1.3. Request an emergency evaluation for any detainee coming into police custody who exhibits any intent toward suicide, self-harm or other signs of mental illnesses.

NOTE: A detainee does not need to voice suicidal intent to cause an emergency evaluation. Any combination of factors which may cause alarm on the part of a member might trigger an evaluation. Any suicide attempt or attempt at self-harm shall immediately require an evaluation.

16. Determine if the detainee is under any prescribed medication prior to transporting them from the detention facility, mental health facility, or hospital, and ensure the medication accompanies the detainee in sufficient quantity to cover the anticipated time in departmental custody. The medication shall:
 - 16.1. Be capable of being administered orally,
 - 16.2. Not require refrigeration, and
 - 16.3. Be prescribed by a medical professional, authorized and licensed to prescribe the medication.

Arrest Procedures

17. In an attempt to minimize the risk of injury to members and others during arrest situations, members shall handcuff all detainees as soon as possible and when safe to do so.

NOTE: If medical circumstances make it unreasonable to handcuff a detainee, members will refrain from handcuffing the arrestee. Un-handcuffed arrestees shall be guarded by a minimum of two members.

18. Members shall check handcuffs for tightness and double lock as soon as it is safe to do so prior to transport.
19. When a handcuffed detainee complains that handcuffs are too tight and/or are hurting the detainee, the member having custody of the detainee shall, as soon as reasonably possible, check the handcuffs to make sure that they are not too tight. In general, the member should be able to place one finger between the handcuff and the detainee's wrist. If the handcuffs are too tight they shall be loosened and relocked.
20. Members shall never leave handcuffed detainee on hot pavement or in a face-down prone position. Members shall protect the detainee from environmental factors (e.g., snow, rain, extreme temperatures, etc.) when determining how and where to place detainees awaiting transport.
21. Use of force, including chemical irritants or CEW's, is very rarely needed or appropriate once a detainee is restrained. Members shall not use force against detainees who are handcuffed or otherwise restrained, except in exceptional circumstances where the totality of circumstances makes it reasonable and necessary to prevent injury or escape. Members are cautioned that force that may be proportional against an unrestrained person may not be proportional when used on a restrained detainee (see Policy 1115, *Use of Force*).

Search Procedures

22. When a detainee is transported in a police vehicle, members shall ensure that the detainee is searched by the arresting member and the transporting member before being placed in a police transport vehicle. See Policy 1109, *Warrantless Searches*, for guidance on searches incident to arrest.

NOTE: As a general rule, the arresting member and the transporting member should both conduct the search. Ensure the search complies with the following policies: Policy 1112, *Field Interviews, Investigative Stops, Weapons Pat-Downs & Searches*, Policy 1013, *Strip Searches and Body Cavity Searches*, and Policy 720, *Interactions with Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ) Individuals*.

23. The transporting member shall ensure the transport vehicle is inspected for any property left inside prior to placing the detainee in the vehicle and again after the detainee is removed from the vehicle.

NOTE: If any contraband and/or CDS are found in the vehicle, the transporting member shall recover them in accordance with Policy 1401, *Control of Property and Evidence*.

Restraint Procedures

24. At all times, detainees shall be secured in a manner that ensures their safety.
25. Detainees shall be restrained in a manner that does not cause undue pain, undue risk of injury, or actual injury.

26. Members are **prohibited** from transporting detainees who are restrained in a prone position (including the so-called "hog-tie" position).
27. Members are **prohibited** from handcuffing detainees to any part of the vehicle being used for transport.

NOTE: All passengers, regardless of age and seat location, shall be restrained by seat belts or other authorized restraining devices. Maximum number of detainees transported cannot exceed number of seatbelts.

Transportation Procedures

28. For every instance of detainee transport, the transporting member shall transmit the below information via police radio and/or report the following information on the Charge Information Form, Form 12 (see Appendix A), which shall be preserved for review.
29. Transporting members shall report via radio:
 - 29.1. The number of detainees in custody that are being transported,
 - 29.2. The location where detainee(s) enter(s) the transport vehicle (if different from arrest location),
 - 29.3. The destination to which the detainee(s) are being transported,
 - 29.4. When the transportation vehicle departs the scene with dispatch providing the official timestamp,
 - 29.5. When the transportation vehicle arrives at the destination with dispatch providing the official timestamp, and
 - 29.6. Any request for medical attention by the detainee or transporting member.
30. Members shall include the above information via the Charge Information Form, Form 12, as well as:
 - 30.1. The starting and ending mileage on the vehicle,
 - 30.2. Whether the transport vehicle made any additional stops,
 - 30.3. Whether at any time the member perceived the detainee in custody to be in need of medical attention,
 - 30.4. Whether force was used during transport,
 - 30.5. Whether the detainee was adequately restrained by a seatbelt during transport, and
 - 30.6. Whether the detainee was injured during transport, the nature of the injury, and whether first aid or medical care was provided.

NOTE: Every injury that is reported to have occurred during transport shall be reviewed as a use of force or, if appropriate, as part of a vehicle crash investigation.

31. Members shall make reasonable accommodations for detainees with disabilities or who are pregnant. When there is an arrest involving a detainee with a disability requiring a wheelchair, crutches, prosthetic devices or other medical equipment, members shall take the following actions:
 - 31.1. Transport the detainee in a transport vehicle to the appropriate facility.
 - 31.2. Transport medical equipment to the final destination of the individual who requires it. If possible, the medical equipment shall be transported in the same vehicle as the individual who requires them if this can be done without creating potentially hazardous conditions.
 - 31.3. If portable, fold and place the wheelchair or other equipment in the trunk of the transporting vehicle. If the equipment is electric, members shall secure it in a prisoner transport van and transport it to the facility where the detainee is taken.
 32. Members responsible for prisoner transportation shall be aware of detainees' physical well-being to ensure that the individual is transported safely.
 - 32.1. Member shall periodically check on the detainees from the time of arrest to the time of transfer of custody, either by direct observation or through live video transmission, to ensure the safety and security of the member(s) and people being transported, and to check for apparent signs of medical distress or emergency.
 - 32.2. Member shall drive at a speed which does not exceed the speed limit and in a manner that is calculated to preserve the safety and security of the detainee being transported.
- EXCEPTION:** If the detainee requires urgent and emergency medical care, the transporting member may exceed the posted speed limit, as allowed for emergency vehicles under the state law.
- 32.3. Members are strictly prohibited from transporting a detainee in a manner intended to create discomfort to the detainee including unnecessary speeding, braking, or sharp turns.
33. Males and females shall not be transported in the same compartment of a vehicle.
 - 33.1. If the vehicle contains only one compartment used for transporting detainees, BPD shall use separate vehicles to transport males and females.
 - 33.2. Transgender, intersex, and/or gender non-conforming individuals shall be transported with other arrestees of the same gender identity and expression, unless the individual, or any other individual expresses a safety concern, in which case the individual shall be transported alone.

34. Youths and adult detainees shall not be transported in the same compartments. See Policy 1202, *Interactions with Youth*, for all other guidance pertaining to youths in custody.
35. Detainees are not permitted to communicate with others (e.g. attorneys, family members) during transport.
36. Transporting members shall submit all completed Charge Information Forms, Form 12, to their supervisor by the end of their tour of duty.

Destination/Arrival Procedures

37. The detainee shall remain handcuffed upon arrival at any facility (e.g., Headquarters, District station house, Baltimore Central Booking and Intake Facility (CBIF)).
38. Sufficient sworn personnel shall be present when moving detainees from the transporting vehicle to the booking facility or other locations that might afford the opportunity for the escape of the detainee or injury to the member or others.
39. The detainee shall be escorted by more than one sworn member for all restroom breaks.
40. When a detainee is transported to a police building and placed in a holding cell, the detainee shall remain the responsibility of the transporting member until the detainee is transported from the facility.

NOTE: The transporting member may relinquish custody of the detainee to another sworn member. This transfer of custody shall be clearly communicated between both members, and the member assuming custody of the detainee shall again search the detainee.

Booking & Intake Center Procedures

41. Members shall enter CBIF by vehicle through the door located on the Madison Street side of the building and park in the provided temporary space.
42. Members shall remove the detainee from the transport vehicle and take them to the detainee sally port designated for the detainee's gender identity. Members shall announce their presence through the intercom and the door shall be opened. The detainee shall remain handcuffed during this process.

NOTE: A member shall be met by a correctional officer, who shall search the detainee for contraband, conduct an evaluation, and obtain information about the detainee. A member may be searched if the correctional officer believes the member is still armed. A member shall wait in the sally port area for this assessment to be completed.

43. The member shall advise CBIF personnel of any potential medical or security risks.
44. The member shall immediately assume responsibility for any narcotics, weapons, or contraband found on the detainee that warrants criminal charges. The correctional officer shall be included in the chain of custody for the Property Receipt, Form 56, and members shall refer

to Policy 1401, *Control of Property and Evidence*, when taking property or evidence into custody,

45. The member shall relinquish responsibility for the detainee to the correctional officer when all the conditions set forth by CBIF are met for the booking process. The member shall then retrieve their handcuffs at the search room prior to the strip search and after the detainee clears medical.
46. The detainee's personal property shall be accepted by CBIF but shall be limited to:
 - 46.1. Clothing being worn by the detainee upon arrival, and
 - 46.2. Non-contraband personal property.

NOTE: Members may be required to transport and transfer detainees to other agencies/facilities. In these instances, members shall determine the point and time of transfer, and adhere to the intake procedures for that agency/facility.

Escape and In-Custody Death Procedures

47. If a detainee escapes from police custody, the custodial member shall:
 - 47.1. Immediately notify a supervisor and request the supervisor to respond, who shall in turn notify the Office of Professional Responsibility (OPR) and submit a BlueTeam entry.
 - 47.2. Immediately notify the Communications Section, providing:
 - 47.2.1. Time of the escape,
 - 47.2.2. Location of the escape,
 - 47.2.3. Direction and method of travel of the escapee, and
 - 47.2.4. Description of the escapee.
 - 47.3. Prepare an Incident Report that includes:
 - 47.3.1. Time of escape,
 - 47.3.2. Location of escape,
 - 47.3.3. Direction and method of the escapee,
 - 47.3.4. Description of the escapee,
 - 47.3.5. Circumstances of the escape,
 - 47.3.6. Notifications made.
48. In all situations where a detainee dies while in the custody of the BPD, the member shall:

- 48.1. Notify a command staff member immediately and secure the scene.
- 48.2. Notify the Homicide Section.
- 48.3. Request activation of Special Investigation Response Team (SIRT) by communications.
- 48.4. Refer to Policy 710, Level 3 *Use of Force Investigations / Special Investigation Response Team (SIRT)*.

REQUIRED ACTION

Communications Section

49. Acknowledge transporting members' departure and arrival radio reports with the official timestamp.
50. Coordinate the dispatch of medical attention and/or specialized units in instances of detainee injury, escape, or death.

Supervisors

51. Initiate a review of every injury that is reported to have occurred during transport as a use of force, or if appropriate, as part of a vehicle crash investigation.
52. If detainee requires medical attention, determine how many members will be assigned to guard and assign members as needed (See Policy 1121, *Detainees in Hospital Environments*).
53. Respond to the scene in instances of detainee escape or death. Immediately notify OPR, and initiate a BlueTeam entry.
54. Collect all completed Charge Information Forms, Form 12, from transporting members by the end of their tour of duty.
55. Review reports for completeness and sign reports to ensure compliance with this directive.

Shift Commanders

56. If a detainee is injured and admitted to a medical facility as a result of police action or use of force, ensure the Special Investigations Response Team (SIRT) is immediately notified. A BlueTeam entry shall be completed.
 - 56.1. In cases where the detainee's injury is serious and/or potentially life-threatening, notification shall be made promptly, even if a decision as to the detainee's admission to a medical facility has not yet been made.
 - 56.2. In cases of serious injury or death, which necessitate response and/or investigation by the Homicide Section, the Shift Commander shall notify Homicide at 410-396-2100.

57. If a detainee is badly injured and is admitted to a medical facility for a stay exceeding 24 hours, Shift Commanders shall seek a Bed Side Commitment (See Policy 1117, *Adult Booking Procedures*) by the end of their tour of duty.

Education & Training Section

58. Provide a training of at least eight hours to members who drive transport vans on the safe and humane transportation of detainees to include:
- 58.1. BPD policy and procedures related to transport,
 - 58.2. Safe driving methods,
 - 58.3. Identification of medical stress and injuries, and
 - 58.4. Proper restraint techniques.
59. Four hours of the above required training may be satisfied by general training programs that address the safe transportation of detainees, the identification of medical distress and injuries, and proper restraint techniques.

Audits & Inspections Section

60. Conduct quarterly audits of the transportation process to determine if members properly followed correct transportation procedures and that detainees who are being transported are not placed at risk of injury. The audits include:
- 60.1. A review of information for at least five randomly selected instances of transport of detainees from each police district within the previous quarter, including reviewing all video recordings associated with each instance; reviewing and analyzing location, time, and odometer information to calculate the speed that the transport vehicle was driven; and reading any reports associated with the arrest, detention, and transport of the detainee;
 - 60.2. An analysis of the data collected during the previous quarter, as outlined in the **Transportation Procedure** — page 5 in this policy.
 - 60.3. A review of every injury reported to have occurred during transportation to determine if there are any trends related to transport policies or practices;
 - 60.4. Random and unannounced spot-checks of at least three transportation vehicles from each BPD district to inspect for use of seatbelts and operation of the TVC system.

Fugitive Units

When a person is taken into custody by the Fugitive Unit, members shall adhere to the following procedures in addition to those listed above:

61. At no time shall a member transport more than one detainee without the approval of a permanent-rank supervisor.

62. Prior to the transport, members shall ensure the vehicle is equipped properly with functioning seatbelts, a spare tire, jack, and lug wrench. The vehicle shall also have properly inflated tires and sufficient fuel and oil. All guidelines under **Transportation Procedures** — Page 5 of this policy shall be met.
63. Members shall obtain expense approval from the Office of the State's Attorney and acquire forms and detainee documentation. The member shall submit this documentation to Fiscal Services.
64. The detainee shall be made as comfortable as possible, given the length of the trip, and shall be secured to the extent needed to prevent escape and maintain safety with appropriate restraints per unit's operating procedures.
65. Members shall schedule restroom breaks and meal consumption prior to departure to alleviate the need for interrupted transport.

NOTE: Members shall re-secure detainees in the transport vehicle following any meal consumption or restroom break.

66. Should a detainee escape occur in another jurisdiction, the transporting member shall be guided by the policy of that jurisdiction. In the absence of a Memorandum of Understanding (MOU) between the BPD and the jurisdiction, search and apprehension of the detainee shall be handled by the other agency.

NOTE: The transporting member shall immediately notify the jurisdictional agency, OPR, and the member's immediate supervisor, who shall make the BlueTeam entry and ensure all subsequent notifications are made.

APPENDICES

A. Charge Information Form, Form 12

ASSOCIATED POLICIES

Policy 503, *Transportation of Passengers in Departmental Vehicles*
Policy 710, *Level 3 Use of Force Investigations / Special Investigations Response Team (SIRT)*
Policy 713, *Petitions for Emergency Evaluation & Voluntary Admission*
Policy 720, *Interactions with Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ) Individuals*
Policy 825, *Transport Vehicle Camera (TVC) System*
Policy 1013, *Strip Searches and Body Cavity Searches.*
Policy 1109, *Warrantless Searches*
Policy 1112, *Field Interviews, Investigative Stops, Weapons Pat-Downs & Searches*
Policy 1115, *Use of Force*
Policy 1117, *Adult Booking Procedures*
Policy 1121, *Detainees in Hospital Environments*
Policy 1202, *Interactions with Youth*
Policy 1401, *Control of Property/Evidence*

RESCISSION

Remove and destroy/recycle Policy 1114, *Persons in Police Custody*, dated 1 July 2016.

COMMUNICATION OF POLICY

This policy is effective on the date listed herein. Each employee is responsible for complying with the contents of this policy.

APPENDIX A

Charge Information Form, Form 12

Charge Information Form Form 12, rev. 10.4.18									
BOOKING INFORMATION									
BIN:					DATE & TIME OF ARREST:				
ARRESTING AGENCY:					PRIMARY CHARGE:				
Arresting Officer (Rank and Name)					Sequence Number		Unit Number		Assignment
Location of Arrest (Street, City/County, Zip Code)							Post of Arrest		
Central Compliant Number					Juvenile Custody Number (if applicable)				
Warrant Number					Traffic Citation Number				
PRISONER INFORMATION									
PRISONER SOBRIETY: <input type="checkbox"/> SOBER <input type="checkbox"/> HAS BEEN DRINKING <input type="checkbox"/> INTOXICATED <input type="checkbox"/> OTHER: _____									
Arrestee's Name (Last, First, Middle)					Name Used (if different)				
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other or Unknown	Race	Date of Birth (MMDDYY)		Age	Height	Weight	Hair Color	Eye Color	
Arrestee's Address (Number, Street Name, Apartment)									
Arrestee's Address (City, State, Zip Code)									
School of Attendance (if applicable)					School Address (if applicable)				
Was Arrestee Searched?		Location Where Search Conducted			Description of Contraband Recovered (if applicable)				
Special Circumstances, Remarks, or Information Related to this Prisoner or Arrest									
TRANSPORT INFORMATION									
TRANSPORT THIS PRISONER TO <input type="checkbox"/> BCBIC <input type="checkbox"/> BCJJC <input type="checkbox"/> Other _____									
TO BE CHARGED AS <input type="checkbox"/> AN ADULT <input type="checkbox"/> A JUVENILE									
Transporting Officer (Rank and Name)					Sequence Number		Unit Number		Assignment
Transport Starting Location (If Different from Arrest Location, Street, City/County, Zip)						Time Departed Starting Location	# of Others Transported	Starting Mileage	
Transport Destination Location (Street, City/County, Zip)			Did Transport Make Any Additional Stops?	If "YES", Please Provide Address(es) (Street, City/County, Zip Code)			Ending Mileage	Time of Arrival at Destination	
Was Arrestee Seat-Belted? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "NO", Or if Arrestee's Seatbelt Was Not Fastened Continuously Throughout the Transport, Please Explain							
Was Force Used During Transport? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES", Please Explain									
At Any Time Did the Transporting BPD Member Perceive the Arrestee to Be In Need of Medical Attention? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Was the Arrestee Injured During Transport? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES", State the Nature of Injury and Whether First Aid or Medical Care Was Provided.									
Supervisor's Signature:			Supervisor's Seq. #.				Date:		

Appendix C
Relevant MTA Police Policies

**MARYLAND TRANSIT ADMINISTRATION
POLICE FORCE**

STANDARD OPERATING PROCEDURES

ARTICLE V

Arrests

[REDACTED]

5.4 Treatment and Care of Prisoners.....5

[REDACTED]

5.4 Treatment and Care of Prisoners

- [REDACTED]
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- [REDACTED]
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CONFIDENTIAL

Standard Operating Procedures

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Standard Operating Procedures

[REDACTED]

CONFIDENTIAL

REDACTED PURSUANT TO MD G.P. § 4-351

MARYLAND TRANSIT ADMINISTRATION

STANDARD OPERATING PROCEDURES

ARTICLE VII

Miscellaneous Policies

[Redacted content]

7.13 Use of Naloxone (Narcan®)48

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7.13 Use of Naloxone (Narcan®)

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