



Interagency Narcotic Task Force Operation Plan

DATE:	TIME:.	CASE #:	AGENT:
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TYPE OF OPERATION			
<input type="checkbox"/> Surveillance	<input type="checkbox"/> Arrest	<input type="checkbox"/> UC Buy	<input type="checkbox"/> CI Buy
<input type="checkbox"/> Search Warrant	<input type="checkbox"/> Prob. Search	<input type="checkbox"/> Parole Search	<input type="checkbox"/> Other ()

PERSONNEL					
NAME	CALL #	PAGER #	CELL #	VEHICLE	ASSIGNMENT

UNDERCOVER PERSONNEL (Attach photograph if available)						
UC/CI	NAME	PAGER #	CELL #	VEHICLE	WIRE DEAD	EXIT

SIGNALS	
VERBAL :	EMERGENCY :
VISUAL :	HOSTAGE* :

* See Contingency Plan below

SUSPECT (S) (Name & description - attach photograph if available)	
1.	



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LOCATION(S) (Address - attach map, diagram & photograph if available)

1.

VEHICLE(S) (License number/state - color, year, make and model)

1.

BACKGROUND

MISSION

(Purpose/objective of operation.)

SPECIAL PROBLEMS/CONSIDERATIONS

Weapons

Fortifications

Guard Dogs

History of Violence

Mental Condition

Drug/Alcohol Abuse

Children

Elderly/Infirm

Other:

EXECUTION

(Mechanics of operation.)

PRIMARY RALLY POINT

SECONDARY RALLY POINT



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COMMUNICATIONS

PRIMARY:	SECONDARY:	EMERGENCY:
Frequency :	Frequency :	Frequency :

MEDICAL EMERGENCIES

EMT/MEDIC <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME :	CALL #:
NEAREST TRAUMA CENTER : (Name, address & directions - attach map)		
AIR AMBULANCE	CHP	OTHER

L. E. JURISDICTION

<input type="checkbox"/> Police Department	<input type="checkbox"/> Sheriff's Department	<input type="checkbox"/> CHP (Local Dispatch)
NOTIFIED: <input type="checkbox"/> NO <input type="checkbox"/> YES	Date/Time:	Notified by:
Intelligence Notifications (WSIN) 800-952-5258 <input type="checkbox"/> YES <input type="checkbox"/> NO LA Clear 800-522-5327 SD NIN 800-400-9559		Date/Time: By:
Swat Notification Agency: Contact Person:		Date/Time: By:

INDIVIDUAL EQUIPMENT

<input type="checkbox"/> BDU's (Black/Camo)	<input type="checkbox"/> Vest	<input type="checkbox"/> Helmet	<input type="checkbox"/> Raid Jacket/Jersey	<input type="checkbox"/>
<input type="checkbox"/> Personal Trauma Packet	<input type="checkbox"/> Portable Radio	<input type="checkbox"/> Spare Battery	<input type="checkbox"/> Flashlight	<input type="checkbox"/>
<input type="checkbox"/> OC Spray	<input type="checkbox"/> Handcuffs	<input type="checkbox"/> Ammunition	<input type="checkbox"/> Baton	<input type="checkbox"/>
<input type="checkbox"/> Nomex Clothing	<input type="checkbox"/> Respirator	<input type="checkbox"/> Gloves	<input type="checkbox"/> Goggles	<input type="checkbox"/>

SPECIAL EQUIPMENT

<input type="checkbox"/> Shield	<input type="checkbox"/> Ram	<input type="checkbox"/> Hooligan	<input type="checkbox"/> Pry Bar	<input type="checkbox"/> Flashbangs
<input type="checkbox"/> Hook	<input type="checkbox"/> Cutters	<input type="checkbox"/> Trauma Kit	<input type="checkbox"/> Evidence Kit	<input type="checkbox"/> Camera (video/still)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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CONTINGENCY PLANS

IF SHOTS ARE FIRED – ANNOUNCE LOUDLY WHAT WAS SHOT (IE: ACCIDENTAL, DOG, AGENT, SUSPECT)

SHOTS FIRED PRIOR TO ENTRY

React to threat
Establish perimeter or move to Rally Point
Account for personnel
Establish Command Post with responding agency

SHOTS FIRED AFTER ENTRY or BARRICADED SUSPECT

React to threat
Hold existing positions or move to Rally Point
If necessary, withdraw and establish exterior perimeter
Account for personnel
Establish Command Post with responding agency

AGENT DOWN – INTERIOR OR EXTERIOR

React to threat
Evacuate injured personnel
Hold existing positions or move to Rally Point
If necessary, withdraw and establish exterior perimeter
Account for personnel
Establish Command Post with responding agency

TACTICAL ENTRY

React to threat
Work in pairs
Announce cleared rooms
Do not enter or exit through rear doors unless previously planned

HOSTAGE SITUATION

React to threat
Contain/secure immediate area
Commence negotiations
If hostage is in vehicle, agent should attempt to disable vehicle by throwing keys out of vehicle

Hostage Rescue

Hostage will give “Hostage Signal”
Rescue team leader will give same signal back to hostage advising that team is ready
When hostage is ready, hostage will drop/fall to ground allowing a clear target of the subject

HOSTAGE SIGNAL:



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CRITICAL INCIDENT CHECKLIST

- _____ • LIFE SAVING EFFORTS – FIRST PRIORITY.
- _____ • INFORM LOCAL JURISDICTION OF INCIDENT.
- _____ • REQUEST ADDITIONAL LAW ENFORCEMENT ASSISTANCE.
- _____ • ASSIGN SA WITH TAPE RECORDER TO RIDE IN AMBULANCE WITH INJURED.
- _____ • PROTECT SENSITIVE INVESTIGATIVE INFORMATION; USE HARD LINE TELEPHONE.
- _____ • ASK INVOLVED SA QUESTIONS WHICH ARE NECESSARY TO MANAGE THE SCENE AND ENSURE PUBLIC SAFETY.
- _____ • IDENTIFY AND SECURE ALL SCENES, FELONY SCENE; ESCAPE/CHASE ROUTE; FATAL SCENE; COLLISIONS SCENE, ETC.
- _____ • LIMIT ENTRY INTO SCENE(S) TO ABSOLUTE MINIMUM.
- _____ • HAVE SCENE LOG STARTED TO RECORD EVERY ENTRY AND EXIT AT SCENE (WHO, WHEN, WHY)
- _____ • COLLECT/PRESERVE PERISHABLE EVIDENCE.
- _____ • COLLECT SHOOTING SA(S) WEAPON IF IN POSSESSION: LEAVE IN HOLSTER, COLLECT AT APPROPRIATE TIME AND PLACE, IN APPROPRIATE MANNER.
- _____ • CHECK FIREARMS OF ALL WITNESS SAs. DOCUMENT OBSERVATIONS.
- _____ • HAVE INVOLVED SA(S) TAKEN TO DESIGNATED LOCATION BY COMPANION AGENT.
- _____ • HAVE INVOLVED SA(S) SEQUESTERED WITH COMPANION AGENT UNTIL INTERVIEWED.
- _____ • LOCATE, IDENTIFY, DETAIN, AND SEQUESTER ALL WITNESSES. INTERVIEW WITNESSES, TAPE RECORD, IF POSSIBLE.
- _____ • OKAY TO PHOTOGRAPH SCENE WITHOUT DISTURBING, CONTAMINATING, OR COLLECTING, UNTIL LABORATORY TECHNICIAN ARRIVES.
- _____ • START AREA CANVASS FOR: WITNESSES, EVIDENCE, VEHICLES, WEAPONS, ETC.
- _____ • NOTIFY SAC.
- _____ • REFER NEWS MEDIA TO INVOLVED BUREAU REGIONAL OFFICE SAC.

ATTACHMENTS:

- PHOTOGRAPH OF CI
- PHOTOGRAPH(S) OF SUBJECT(S)
- MAP OF OPERATIONAL AREA
- PHOTOGRAPH AND/OR DIAGRAM OF LOCATION
- MAP TO NEAREST TRAUMA CENTER

OPERATIONS PLAN REVIEWED AND APPROVED BY:

SAS: _____ DATE: _____ TIME: _____