



Timnath Police Department
Administrative Memorandum
Timnath Professional Standards Number – 22-02

To: Officer Jacob Meckley

From: Sergeant [REDACTED]

Date: January 21, 2022

RE: Oral Reprimand

The purpose of this memorandum is to issue an Oral Reprimand to you based upon your violation of a clearly established department policy. This memorandum also describes your grievance rights.

Incident: On January 18th, 2022, Ofc Meckley was dispatched emergent to assist medical with a possible stabbing. Ofc Meckley was in the Walmart parking lot driving westbound near the garden center entrance. When Ofc Meckley made a left turn to drive southbound through the Walmart parking lot he collided into a yellow pole causing damage to the left side of his patrol car.

Policy Violation: Your actions regarding this specific incident constitute a violation of TPD policy 316 Officer Response to Calls, 316.1 – Purpose and Scope -This policy provides for the safe and appropriate response to all emergency and non-emergency situations., 316.2 – Response to Calls-Officers responding to any call shall proceed with due regard for the safety of all persons and property, and 340.5.10 Safety- (f) Unsafe or improper driving habits or actions in the course of employment or appointment.

Imposition of Discipline: This oral reprimand is necessary as your actions in this incident were outside the policy mentioned above.

Grievance Rights: Pursuant to TPD Policy 1006.1, Disciplinary Grievance you have a right to file a grievance to this oral reprimand. If you desire to grieve this matter, you must file a written grievance to your immediate Supervisor or the Chief, or his/her designee, setting forth your reasons for the grievance and the desired disposition, with a copy to Human Resources, within five (5) business days after receipt of this memorandum.

PUBLIC RELEASE - A. FRAIELI

Review of File: After an administrative investigation has been completed, employees may request, in writing, permission from the Chief of Police to review the unrestricted contents of an administrative investigative file in which they are accused of misconduct.

I acknowledge receipt of this memorandum:

Employee Signature Date

Supervisor Date

Witness Date



Timnath Police Department

Disciplinary/Corrective Action Form IA Number _____

Employee: _____

Date: _____

Division: _____

Type of Action:

- ☐ Oral Reprimand
- ☐ Written Reprimand
- ☐ Other – Describe: _____
- ☐ Performance Level Reduction effective ____/____/____
- ☐ Suspension of _____ days/hours effective ____/____/____
- ☐ Demotion to _____ effective ____/____/____ for _____ days
- ☐ Dismissal effective ____/____/____

(Required) Attach supporting documentation.

Sergeant/Supervisor Date

Lieutenant/Manager Date

Deputy Chief/Director (If applicable) Date

Chief of Police (If applicable) Date

cc: Professional Standards
Personnel File
Human Resources

SUPERVISOR'S INVESTIGATION REPORT (PAGE 2 OF 3)

To be completed if accident/injury involves 7RZQR17LPQDWK property. When an accident/injury occurs involving a Town of Timnath employee or Town of Timnath property, the immediate supervisor must interview the injured person (if injury occurred) and any witnesses, complete this form as thoroughly and accurately as possible and forward it to the Town Manager no later than one working day after the accident/injury occurs. It may be necessary to interview the person over the phone. This report is the Town of Timnath's primary investigation of a work-related accident/injury. It is extremely important that the facts of the accident/injury be recorded and the true causes of the accident/injury be identified. Attach additional sheet if more space is needed for explanations.

EMPLOYEE INJURED - NAME/POSITION N/A

VEHICLE/EQUIPMENT INVOLVED IN ACCIDENT -- DESCRIPTION / TOWN NUMBER/LICENSE PLATE [REDACTED]

OTHER -- BUILDING/PROPERTY/ADDRESS, ETC. _____

DEPARTMENT/DIVISION: POLICE SUPERVISOR'S NAME/TITLE SERGEANT [REDACTED]

DESCRIBE WHAT HAPPENED OR WHAT CAUSED YOU TO MAKE THIS INVESTIGATION--Get all the facts by studying the hazard or situation involved. Question by use of: When _____ Where _____ Who _____ What _____ How _____ Why _____ ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED

OFF MECKLEY WAS IN THE WALMART PARKING LOT (4500 WHITECEL ST) WHEN HE MADE A TURN TO RESPOND EMERGENT TO A CALL. HE DID NOT SEE A YELLOW PAINTED POST AND COLLIDED WITH THE DRIVER'S SIDE.

ADDITIONAL FACTORS INVOLVED -- Did accident/injury result from failure to obey safety rule, failure to use safety equipment properly (seat belts, harnesses, oxygen masks, etc.) or any other such factors? Please describe and explain.

N/A

WHAT SHOULD BE DONE? (Determine which of the items require additional attention--EQUIPMENT [Select, Arrange, Use, and/or Maintain]--MATERIAL [Select, Place, Handle, and/or Process]--PEOPLE [Select, Place, Train, and/or Lead])

WE HAVE DRIVING SKILLS CLASS/BEHIND THE WHEEL IN MARCH WHICH HE IS ASSIGNED TO ATTEND.

WHAT HAVE YOU DONE THUS FAR? (Action taken/follow up required?)

ORAL REPRIMAND.

WHAT ADDITIONAL STEPS COULD BE TAKEN TO IMPROVE THE SAFETY OF YOUR OPERATIONS?

MORE DRIVING SKILLS TRAINING

SUPERVISOR'S SIGNATURE [REDACTED] DATE 01-27-22 REVIEWED BY SUPPORT SERVICES _____ DATE _____

***** THIS SECTION FOR HUMAN RESOURCES DEPARTMENT USE *****

FORWARD TO TOWN MANAGER: _____ YES _____ NO -- COMMENTS _____

DATE OF TOWN MANAGER REVIEW _____

RELEASED BY T190407092026 SENT TO SUPERVISOR FOR FURTHER ACTION YES _____ NO -- COMMENTS _____

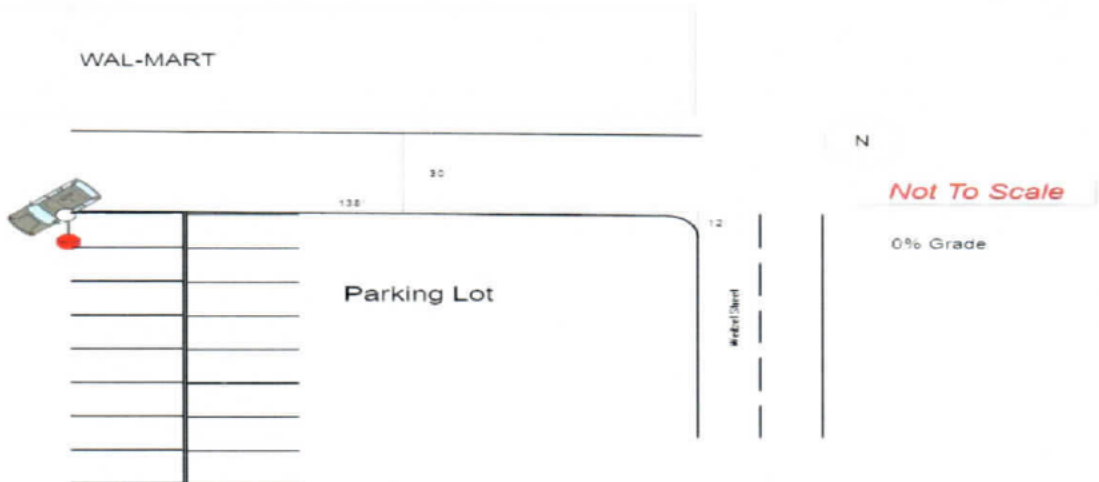
DR 3447 (10/02/20)
 COLORADO DEPARTMENT OF REVENUE
 Division of Motor Vehicles
 Colorado.gov/Revenue

MAIL TO: STATE OF COLORADO
 MOTOR VEHICLE
 TRAFFIC RECORDS
 DENVER, CO 80261-0016

STATE OF COLORADO TRAFFIC CRASH REPORT

☐ AMENDED/SUPPL. ☐ COUNTER REPORT ☒ PRIVATE PROPERTY ☐ PUBLIC LAND PAGE 1 OF 5 PAGES

Case #		Agency ORI CO0351000				Agency Name TIMNATH POLICE DEPARTMENT	
Date of Report (MM/DD/YYYY) 01/18/2022		Date of Crash (MM/DD/YYYY) 01/18/2022		Time of Crash (24 Hour) 20:06		Officer Name [REDACTED]	
Date Arrived 01/18/2022		Date Roadway Cleared		Date Last Responder Left		Signature [REDACTED]	
Time Arrived 20:07		Time Roadway Cleared		Time Last Responder Left		Investigated at Scene ☒	
Number Killed 0		Number Injured 0		Total Vehicles 1		Total Non-Motorists 0	
Latitude 40.526705 °N		Longitude -104.989012 °W		County		City TIMNATH	
On Road/Street: 4500 WEITZEL ST				Intersection Offset Distance Unit 0 2		01. Miles 02. Feet 03. At the Intersection	
Reference Intersecting Road/Street: Dead End/UNNAMED RD				Intersection Offset Distance 138		Offset Direction N ☐ S ☐ E ☐ W ☒	
HWY NUMBER		MILEPOINT		Milepoint Offset Distance Unit		01. Miles 02. Feet 03. At the Milepoint	
☐ INTERSTATE HWY ☐ STATE HWY ☐ CITY ST/CNTY RD ☐ OTHER RDWY				Milepoint Offset Distance		Offset Direction N ☐ S ☐ E ☐ W ☐	
LOCATION 0 6		01. On Roadway 02. Ran Off Left Side 03. Ran Off Right Side		04. Ran Off T Intersection 05. Vehicle Crossed Center Median Into Opposing Lanes		06. On Private Property 07. Center Median/Island	
HARMFUL EVENT SEQUENCE		1st 2 1		2nd		3rd	
01. On Roadway 02. Ran Off Left Side 03. Ran Off Right Side		04. Ran Off T Intersection 05. Vehicle Crossed Center Median Into Opposing Lanes		06. On Private Property 07. Center Median/Island		Number of Lanes Blocked 0 0	
LANE POSITION W 0 1		Most Harmful Event 2 1					
NON-COLLISION CRASH		08. Front to Side 09. Rear to Side 10. Rear to Rear 11. Side to Side-Same Direction 12. Side to Side-Opposite Direction		47. Electrical/Utility Box 21. Sign 41. Guardrail Face 42. Guardrail End 23. Cable Rail		46. Ground 29. Curb 30. Delineator/Milepost 31. Fence 32. Tree 33. Large Rocks or Boulder 34. Railroad Crossing Equipment 35. Barricade 36. Wall or Building 37. Crash Cushion/Traffic Barrel 38. Mailbox 39. Other Fixed Object (Describe in Narrative) 40. Other Non-Fixed Object (Describe in Narrative)	
COLLISION WITH NON-MOTORIST		COLLISION WITH OTHER VEHICLE		24. Concrete Highway Barrier 48. Overhead Structure (Bridge) 49. Overhead Structure (Not Bridge) 50. Bridge Structure (Not Overhead) 26. Vehicle Debris or Cargo 27. Culvert or Headwall 28. Embankment 43. Ditch			
COLLISION WITH MOTOR VEHICLE IN TRANSPORT		COLLISION WITH ANIMAL					
06. Front to Front 07. Front to Rear		17. Domestic Animal 18. Wild Animal 19. Light Pole/Utility Pole 20. Traffic Signal Pole					
ROAD CONTOUR - CURVES 0 1		01. Straight 02. Curve Left 03. Curve Right 04. Unknown		ROAD CONTOUR - GRADE 0 1		01. Level 02. Uphill 03. Hill Crest 04. Downhill 05. Sag/Bottom 06. Unknown	
APPROACH/OVERTAKING TURN 0 3		01. Approach Turn 02. Overtaking Turn 03. Not Applicable		LIGHTING CONDITION 0 3		01. Daylight 02. Dawn or Dusk 03. Dark-lighted 04. Dark-Unlighted	
ROAD DESCRIPTION 0 8		01. At Intersection 02. Driveway Access Related 03. Intersection Related 04. Non-Intersection		05. Crossover-Related 06. Roundabout 08. Parking Lot 09. Ramp		10. Ramp-related 11. Alley Related 12. Share-Use Path or Trail 13. Auxiliary Lane 14. Mid-Block Crosswalk 15. Express/Managed/HOV Lane 16. Railroad Crossing Related	
ROAD CONDITION 0 1		01. Dry 02. Wet 03. Muddy 04. Snowy 05. Icy 06. Slushy 07. Foreign Material		08. Dry W/Visible Icy Road Treatment 09. Wet W/Visible Icy Road Treatment 10. Snowy W/Visible Icy Road Treatment 11. Icy W/Visible Icy Road Treatment 12. Slushy W/Visible Icy Road Treatment 13. Sand/Gravel 14. Roto-Milled		WEATHER CONDITION 1st 0 0 2nd	
						00. Clear 01. Rain 02. Sleet or Hail 03. Fog 04. Dust 05. Wind 06. Cloudy 07. Freezing Rain or Freezing Drizzle 08. Snow 09. Blowing Snow	
TO BE FILLED OUT ONLY IN THE EVENT OF A FATALITY							
EMERGENCY MEDICAL SERVICES (Record all time using 24 Hr. time)				TRAFFIC CONTROL DEVICE FUNCTIONING			
Time Notified		Time Arrived @ Scene		Time Arrived @ Hospital		01. No Controls 02. Not Functioning 03. Functioning Improperly	
						04. Functioning Properly 05. Not Visible 06. Unknown	
If times are unknown provide name of responding services:							
Approved By				I.D. Number		Date 01/19/2022	

Case # [REDACTED]	Agency ORI CO0351000	Agency Name TIMNATH POLICE DEPARTMENT				
Describe Crash Case Status: Closed - Information Report BWC: None						
						
Owner 1	Public Property Damaged ☐	Damaged Prop. Last Name WALMART		First Name		MI
Address 4500 WEITZEL ST		City TIMNATH		State CO	ZIP 80547	
Damaged Prop. Description STOP SIGN						
Owner 2	Public Property Damaged ☐	Damaged Prop. Last Name		First Name		MI
Address		City		State	ZIP	
Damaged Prop. Description						

DR 3447 (10/02/20)

MOTORIZED TRAFFIC UNIT/OCCUPANT PAGE 3 OF 5 PAGES

Traffic Unit # ☐ 1	Case # ☐	Agency ORI CO0351000	Agency Name TIMNATH POLICE DEPARTMENT																																																																																																																																																																																																																																																																																																															
Hit & Run ☐ Parked ☐	(Driver) Last Name MECKLEY	First Name JACOB	MI ☐ Phone ☐																																																																																																																																																																																																																																																																																																															
Non-Contact Vehicle ☐	(Driver) Street Address ☐	City ☐	State ☐ ZIP ☐ DOB ☐																																																																																																																																																																																																																																																																																																															
Driver License Number ☐	Unlicensed Driver ☐	CDL ☐ State ☐ Sex ☐	Email ☐																																																																																																																																																																																																																																																																																																															
Primary Violation	DUI ☐	Violation Code ☐	Citation Number ☐ Common Code ☐																																																																																																																																																																																																																																																																																																															
Same Name ☐	Vehicle Owner Last Name TOWN OF TIMNATH	First Name ☐	MI ☐																																																																																																																																																																																																																																																																																																															
Same Addr. ☐	Vehicle Owner Street Address 4750 SIGNAL TREE DRIVE	City TIMNATH	State ☐ ZIP ☐ 80547																																																																																																																																																																																																																																																																																																															
Insurance Company CIRSA	☐ None ☐ No Proof	Expiration Date 01/01/2023	Policy Number ☐																																																																																																																																																																																																																																																																																																															
License Plate No. ☐	State or Country COLORADO	Number of Trailers:																																																																																																																																																																																																																																																																																																																
Vehicle Identification Number ☐	Year 2020	Trailer 1: VIN# License Plate: ☐ Disabling Damage ☐																																																																																																																																																																																																																																																																																																																
Make Chevrolet	Model Tahoe	Trailer 2: VIN# License Plate: ☐ Disabling Damage ☐																																																																																																																																																																																																																																																																																																																
Body Type UP	Color BLK	Trailer 3: VIN# License Plate: ☐ Disabling Damage ☐																																																																																																																																																																																																																																																																																																																
Towed ☐ 00	00. Not towed 01. Towed Due to Disabling Damage 02. Towed, But Not Due to Disabling Damage	Trailer 4: VIN# License Plate: ☐ Disabling Damage ☐																																																																																																																																																																																																																																																																																																																
By:	Undercarriage ☐	Trailer 5: VIN# License Plate: ☐ Disabling Damage ☐																																																																																																																																																																																																																																																																																																																
To:	1. Slight 2. Moderate 3. Severe																																																																																																																																																																																																																																																																																																																	
☐ 00 VEHICLE DEFECT/CONDITION (OFFICER OPINION ONLY) 00. No Vehicle Defects 01. Defective Head Light(s) 02. Defective Brake/Tail Light(s) 03. Defective Signaling Device 04. Brakes Defective/Out of Adjustment 05. Defective Tires 06. Sudden Tire Failure 07. Improper Tires for Conditions 08. Mechanical Failure 09. Obstructed Window(s) 10. Improper Load 16. Cargo/Equipment Loss or Spill 17. Cargo/Equipment Shift 14. Parking Violation 15. Other Defect(s) (Describe in Narrative)		TO BE FILLED OUT ONLY IN THE EVENT OF A FATALITY CRASH AVOIDANCE MANEUVER ☐ 00. No Avoidance Maneuver 07. Braking 08. Steering 09. Steering and Braking 10. Accelerating 11. Steering and Accelerating 06. Other Avoidance Maneuver (Describe in Narrative) FIRE/HAZARDOUS MATERIALS INVOLVEMENT ☐ 00. No Fire/Haz-Mat Cargo 01. No Fire/Haz-Mat Cargo Not Involved 02. No Fire/Haz-Mat Incident 03. Vehicle Fire/Haz-Mat Cargo 04. Vehicle Fire/Haz-Mat Cargo Not Involved 05. Vehicle Fire/Haz-Mat Incident																																																																																																																																																																																																																																																																																																																
DRIVER/OCCUPANT DETAILS																																																																																																																																																																																																																																																																																																																		
<table border="1"> <tr> <td>A</td><td>B</td><td>C</td><td>D</td><td>E</td><td>F1</td><td>F2</td><td>F3</td><td>AGE</td> <td colspan="3" rowspan="2">DRIVER NAME AND ADDRESS ARE ABOVE</td> <td>AA</td><td>Expired Date</td> </tr> <tr> <td>01</td><td>01</td><td>01</td><td>00</td><td>00</td><td>B</td><td>00</td><td>A</td><td>38</td> <td>BB</td><td>Expired Time</td> </tr> <tr> <td>G1</td><td>G2</td><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td><td>M</td><td>N</td><td>SEX</td> <td colspan="3">EMS Trip #</td><td>Taken To</td> <td>AA</td><td>Expired Date</td> </tr> <tr> <td>01</td><td>A</td><td>00</td><td>08</td><td>00</td><td>00</td><td>00</td><td>07</td><td>00</td><td>M</td> <td colspan="3">(Passenger) Name/Address</td> <td>BB</td><td>Expired Time</td> </tr> <tr> <td colspan="9"> <table border="1"> <tr> <td>A</td><td>D</td><td>E</td><td>F1</td><td>F2</td><td>F3</td><td>AGE</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>G1</td><td>G2</td><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td><td>M</td><td>N</td><td>SEX</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="9"> <table border="1"> <tr> <td>A</td><td>D</td><td>E</td><td>F1</td><td>F2</td><td>F3</td><td>AGE</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>G1</td><td>G2</td><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td><td>M</td><td>N</td><td>SEX</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> </td> <td colspan="3">EMS Trip #</td><td>Taken To</td> <td>AA</td><td>Expired Date</td> </tr> <tr> <td colspan="9"> <table border="1"> <tr> <td>A</td><td>D</td><td>E</td><td>F1</td><td>F2</td><td>F3</td><td>AGE</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>G1</td><td>G2</td><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td><td>M</td><td>N</td><td>SEX</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> </td> <td colspan="3">EMS Trip #</td><td>Taken To</td> <td>AA</td><td>Expired Date</td> </tr> <tr> <td colspan="9"> <table border="1"> <tr> <td>A</td><td>D</td><td>E</td><td>F1</td><td>F2</td><td>F3</td><td>AGE</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>G1</td><td>G2</td><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td><td>M</td><td>N</td><td>SEX</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> </td> <td colspan="3">EMS Trip #</td><td>Taken To</td> <td>AA</td><td>Expired Date</td> </tr> <tr> <td colspan="9"> <table border="1"> <tr> <td>A</td><td>D</td><td>E</td><td>F1</td><td>F2</td><td>F3</td><td>AGE</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>G1</td><td>G2</td><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td><td>M</td><td>N</td><td>SEX</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> </td> <td colspan="3">EMS Trip #</td><td>Taken To</td> <td>AA</td><td>Expired Date</td> </tr> </table> </td> </tr> </table>												A	B	C	D	E	F1	F2	F3	AGE	DRIVER NAME AND ADDRESS ARE ABOVE			AA	Expired Date	01	01	01	00	00	B	00	A	38	BB	Expired Time	G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip #			Taken To	AA	Expired Date	01	A	00	08	00	00	00	07	00	M	(Passenger) Name/Address			BB	Expired Time	<table border="1"> <tr> <td>A</td><td>D</td><td>E</td><td>F1</td><td>F2</td><td>F3</td><td>AGE</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>G1</td><td>G2</td><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td><td>M</td><td>N</td><td>SEX</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="9"> <table border="1"> <tr> <td>A</td><td>D</td><td>E</td><td>F1</td><td>F2</td><td>F3</td><td>AGE</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>G1</td><td>G2</td><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td><td>M</td><td>N</td><td>SEX</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> </td> <td colspan="3">EMS Trip #</td><td>Taken To</td> <td>AA</td><td>Expired Date</td> </tr> <tr> <td colspan="9"> <table border="1"> <tr> <td>A</td><td>D</td><td>E</td><td>F1</td><td>F2</td><td>F3</td><td>AGE</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>G1</td><td>G2</td><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td><td>M</td><td>N</td><td>SEX</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> </td> <td colspan="3">EMS Trip #</td><td>Taken To</td> <td>AA</td><td>Expired Date</td> </tr> <tr> <td colspan="9"> <table border="1"> <tr> <td>A</td><td>D</td><td>E</td><td>F1</td><td>F2</td><td>F3</td><td>AGE</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>G1</td><td>G2</td><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td><td>M</td><td>N</td><td>SEX</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> </td> <td colspan="3">EMS Trip #</td><td>Taken To</td> <td>AA</td><td>Expired Date</td> </tr> <tr> <td colspan="9"> <table border="1"> <tr> <td>A</td><td>D</td><td>E</td><td>F1</td><td>F2</td><td>F3</td><td>AGE</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>G1</td><td>G2</td><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td><td>M</td><td>N</td><td>SEX</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> </td> <td colspan="3">EMS Trip #</td><td>Taken To</td> <td>AA</td><td>Expired Date</td> </tr> </table>									A	D	E	F1	F2	F3	AGE								G1	G2	H	I	J	K	L	M	N	SEX											<table border="1"> <tr> <td>A</td><td>D</td><td>E</td><td>F1</td><td>F2</td><td>F3</td><td>AGE</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>G1</td><td>G2</td><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td><td>M</td><td>N</td><td>SEX</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>									A	D	E	F1	F2	F3	AGE								G1	G2	H	I	J	K	L	M	N	SEX											EMS Trip #			Taken To	AA	Expired Date	<table border="1"> <tr> <td>A</td><td>D</td><td>E</td><td>F1</td><td>F2</td><td>F3</td><td>AGE</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>G1</td><td>G2</td><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td><td>M</td><td>N</td><td>SEX</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>									A	D	E	F1	F2	F3	AGE								G1	G2	H	I	J	K	L	M	N	SEX											EMS Trip #			Taken To	AA	Expired Date	<table border="1"> <tr> <td>A</td><td>D</td><td>E</td><td>F1</td><td>F2</td><td>F3</td><td>AGE</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>G1</td><td>G2</td><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td><td>M</td><td>N</td><td>SEX</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>									A	D	E	F1	F2	F3	AGE								G1	G2	H	I	J	K	L	M	N	SEX											EMS Trip #			Taken To	AA	Expired Date	<table border="1"> <tr> <td>A</td><td>D</td><td>E</td><td>F1</td><td>F2</td><td>F3</td><td>AGE</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>G1</td><td>G2</td><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td><td>M</td><td>N</td><td>SEX</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>									A	D	E	F1	F2	F3	AGE								G1	G2	H	I	J	K	L	M	N	SEX											EMS Trip #			Taken To	AA	Expired Date
A	B	C	D	E	F1	F2	F3	AGE	DRIVER NAME AND ADDRESS ARE ABOVE			AA	Expired Date																																																																																																																																																																																																																																																																																																					
01	01	01	00	00	B	00	A	38				BB	Expired Time																																																																																																																																																																																																																																																																																																					
G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip #			Taken To	AA	Expired Date																																																																																																																																																																																																																																																																																																			
01	A	00	08	00	00	00	07	00	M	(Passenger) Name/Address			BB	Expired Time																																																																																																																																																																																																																																																																																																				
<table border="1"> <tr> <td>A</td><td>D</td><td>E</td><td>F1</td><td>F2</td><td>F3</td><td>AGE</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>G1</td><td>G2</td><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td><td>M</td><td>N</td><td>SEX</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="9"> <table border="1"> <tr> <td>A</td><td>D</td><td>E</td><td>F1</td><td>F2</td><td>F3</td><td>AGE</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>G1</td><td>G2</td><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td><td>M</td><td>N</td><td>SEX</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> </td> <td colspan="3">EMS Trip #</td><td>Taken To</td> <td>AA</td><td>Expired Date</td> </tr> <tr> <td colspan="9"> <table border="1"> <tr> <td>A</td><td>D</td><td>E</td><td>F1</td><td>F2</td><td>F3</td><td>AGE</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>G1</td><td>G2</td><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td><td>M</td><td>N</td><td>SEX</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> </td> <td colspan="3">EMS Trip #</td><td>Taken To</td> <td>AA</td><td>Expired Date</td> </tr> <tr> <td colspan="9"> <table border="1"> <tr> <td>A</td><td>D</td><td>E</td><td>F1</td><td>F2</td><td>F3</td><td>AGE</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>G1</td><td>G2</td><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td><td>M</td><td>N</td><td>SEX</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> </td> <td colspan="3">EMS Trip #</td><td>Taken To</td> <td>AA</td><td>Expired Date</td> </tr> <tr> <td colspan="9"> <table border="1"> <tr> <td>A</td><td>D</td><td>E</td><td>F1</td><td>F2</td><td>F3</td><td>AGE</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>G1</td><td>G2</td><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td><td>M</td><td>N</td><td>SEX</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> </td> <td colspan="3">EMS Trip #</td><td>Taken To</td> <td>AA</td><td>Expired Date</td> </tr> </table>									A	D	E	F1	F2	F3	AGE								G1	G2	H	I	J	K	L	M	N	SEX											<table border="1"> <tr> <td>A</td><td>D</td><td>E</td><td>F1</td><td>F2</td><td>F3</td><td>AGE</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>G1</td><td>G2</td><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td><td>M</td><td>N</td><td>SEX</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>									A	D	E	F1	F2	F3	AGE								G1	G2	H	I	J	K	L	M	N	SEX											EMS Trip #			Taken To	AA	Expired Date	<table border="1"> <tr> <td>A</td><td>D</td><td>E</td><td>F1</td><td>F2</td><td>F3</td><td>AGE</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>G1</td><td>G2</td><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td><td>M</td><td>N</td><td>SEX</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>									A	D	E	F1	F2	F3	AGE								G1	G2	H	I	J	K	L	M	N	SEX											EMS Trip #			Taken To	AA	Expired Date	<table border="1"> <tr> <td>A</td><td>D</td><td>E</td><td>F1</td><td>F2</td><td>F3</td><td>AGE</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>G1</td><td>G2</td><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td><td>M</td><td>N</td><td>SEX</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>									A	D	E	F1	F2	F3	AGE								G1	G2	H	I	J	K	L	M	N	SEX											EMS Trip #			Taken To	AA	Expired Date	<table border="1"> <tr> <td>A</td><td>D</td><td>E</td><td>F1</td><td>F2</td><td>F3</td><td>AGE</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>G1</td><td>G2</td><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td><td>M</td><td>N</td><td>SEX</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>									A	D	E	F1	F2	F3	AGE								G1	G2	H	I	J	K	L	M	N	SEX											EMS Trip #			Taken To	AA	Expired Date																																																																				
A	D	E	F1	F2	F3	AGE																																																																																																																																																																																																																																																																																																												
G1	G2	H	I	J	K	L	M	N	SEX																																																																																																																																																																																																																																																																																																									
<table border="1"> <tr> <td>A</td><td>D</td><td>E</td><td>F1</td><td>F2</td><td>F3</td><td>AGE</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>G1</td><td>G2</td><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td><td>M</td><td>N</td><td>SEX</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>									A	D	E	F1	F2	F3	AGE								G1	G2	H	I	J	K	L	M	N	SEX											EMS Trip #			Taken To	AA	Expired Date																																																																																																																																																																																																																																																																		
A	D	E	F1	F2	F3	AGE																																																																																																																																																																																																																																																																																																												
G1	G2	H	I	J	K	L	M	N	SEX																																																																																																																																																																																																																																																																																																									
<table border="1"> <tr> <td>A</td><td>D</td><td>E</td><td>F1</td><td>F2</td><td>F3</td><td>AGE</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>G1</td><td>G2</td><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td><td>M</td><td>N</td><td>SEX</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>									A	D	E	F1	F2	F3	AGE								G1	G2	H	I	J	K	L	M	N	SEX											EMS Trip #			Taken To	AA	Expired Date																																																																																																																																																																																																																																																																		
A	D	E	F1	F2	F3	AGE																																																																																																																																																																																																																																																																																																												
G1	G2	H	I	J	K	L	M	N	SEX																																																																																																																																																																																																																																																																																																									
<table border="1"> <tr> <td>A</td><td>D</td><td>E</td><td>F1</td><td>F2</td><td>F3</td><td>AGE</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>G1</td><td>G2</td><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td><td>M</td><td>N</td><td>SEX</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>									A	D	E	F1	F2	F3	AGE								G1	G2	H	I	J	K	L	M	N	SEX											EMS Trip #			Taken To	AA	Expired Date																																																																																																																																																																																																																																																																		
A	D	E	F1	F2	F3	AGE																																																																																																																																																																																																																																																																																																												
G1	G2	H	I	J	K	L	M	N	SEX																																																																																																																																																																																																																																																																																																									
<table border="1"> <tr> <td>A</td><td>D</td><td>E</td><td>F1</td><td>F2</td><td>F3</td><td>AGE</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>G1</td><td>G2</td><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td><td>M</td><td>N</td><td>SEX</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>									A	D	E	F1	F2	F3	AGE								G1	G2	H	I	J	K	L	M	N	SEX											EMS Trip #			Taken To	AA	Expired Date																																																																																																																																																																																																																																																																		
A	D	E	F1	F2	F3	AGE																																																																																																																																																																																																																																																																																																												
G1	G2	H	I	J	K	L	M	N	SEX																																																																																																																																																																																																																																																																																																									

DR 3447 (10/02/20)

TRAFFIC UNIT/GENERAL VEHICLE AND CMV PAGE 4 OF 5 PAGES

Traffic Unit # 1		Case #		Agency ORI CO0351000		Agency Name TIMNATH POLICE DEPARTMENT	
GENERAL VEHICLE FIELDS							
0 5 VEHICLE TYPE 01. Medium/Heavy Trucks GVWR/GCWR between 10,001 and 16,000 27. Medium/Heavy Trucks GVWR/GCWR 16,001 or over 02. School Bus (all school buses)		03. Non-School Bus (9 occupants or more including driver) in commerce 04. Transit Bus VEHICLES UNDER THE GVWR/GCWR THRESHOLD 05. Passenger Car/Passenger Van 07. Pickup Truck/Utility Van 09. SUV 11. Motor Home 12. Motorcycle 28. Auto-cycle		15. Farm Equipment 20. Working Vehicle/Equipment OTHER VEHICLE 17. Light Rail 21. Heavy Train 23. Off Highway Vehicle/ATV 24. Snowmobile 25. Low Speed Vehicle 18. Other Vehicle Type (Describe in Narrative) 16. Unknown (Hit and Run Only)		CARRIER TYPE 01. Interstate 02. Intrastate 03. Government Vehicle 04. Not in Commerce (If #04 is chosen, complete only the underlined fields below.)	
CMV SECTIONS REQUIRED 01. Medium/Heavy Trucks GVWR/GCWR between 10,001 and 16,000 27. Medium/Heavy Trucks GVWR/GCWR 16,001 or over 02. School Bus (all school buses)				GROSS VEHICLE WEIGHT RATING/GROSS COMBINATION WEIGHT RATING Enter number of pounds.			
1 0 SPECIAL FUNCTION OF MOTOR VEHICLE IN TRANSPORT 00. No Special Function 01. Vehicle Transporting Students To/From School 02. Bus - Transit 03. Bus - Charter 04. Bus - Shuttle 05. Bus - Other 06. Construction Equipment 07. Farm Equipment 08. Farm Vehicle				09. Ambulance 10. Police 11. Fire Truck 12. Non-Transport Emergency Services Vehicle 13. Safety Service Patrols - Incident Response 14. Towing - Incident Response 15. Other Incident Response 16. Highway/Maintenance 17. Truck Acting as Crash Attenuator 18. Public Utility 19. Military 20. Rental Truck 21. Taxi 22. Vehicle Used for Electronic Ride-hailing (Uber, Lyft etc.) 23. Other (Describe in Narrative) Emergency Lights Activated ☐			
0 7 DIRECTION OF TRAVEL - PRIOR TO IMPACT (PRIOR TO TURNING MOVEMENT) 01. North 02. Northeast 03. East 04. Southeast 05. South 06. Southwest 07. West 08. Northwest				VEHICLE CONFIGURATION 01. Passenger Car (only if HM placarded) 02. Light Truck (only if HM placarded) 03. Bus/Limousine 04. Single-unit Truck (2 axes) 05. Single-unit Truck (3 or more axes) 06. Truck and Trailer 07. Truck Tractor (Bobtail) 08. Truck Tractor and Semi-Trailer 09. Truck Tractor and Double Trailers 10. Truck Tractor and Triple Trailers 11. Other (Describe in Narrative)			
0 5 VEHICLE MOVEMENT - PRIOR TO IMPACT 01. Going Straight 02. Slowing 03. Stopped in Traffic 04. Making Right Turn 05. Making Left Turn				06. Making U-Turn 07. Passing 08. Backing 09. Entering/Leaving Parked Position 10. Parked 11. Changing Lanes 12. Swerve/Avoidance 13. Weaving 14. Out of Control 15. Traveled Wrong Way 17. Entering Traffic Way/Merge 18. Negotiating a Curve 16. Other (Describe in Narrative)			
ROADWAY SPEED LIMIT 10 MPH		ESTIMATED VEHICLE SPEED 20 MPH		DRIVER'S STATED SPEED 20 MPH		SEQUENCE OF CRASH EVENTS 1st 2nd 3rd 4th	
0 0 DRIVER ACTIONS (OFFICER OPINION ONLY) 1st 2nd 00. No Contributing Action 02. Impeded Traffic 03. Failed to Yield ROW 04. Disregard Stop Sign 05. Failed to Stop at Signal 06. Disregarded Other Device/Sign/Markings				07. Improper Turn 08. Turned from Wrong Lane or Position 10. Lane Violation 11. Improper Passing on Left 12. Improper Passing on Right 13. Followed Too Closely 14. Improper Backing 15. Signaling Violation 16. Reckless Driving			
0 0 DRIVER - MOST APPARENT HUMAN CONTRIBUTING FACTORS (OFFICER OPINION ONLY) 1st 2nd 3rd 00. No Apparent Contributing Factor 02. Asleep or Fatigued 03. Medical 04. Driver Inexperience 05. Aggressive Driving 06. Driver Unfamiliar With Area 07. Driver Emotionally Upset 08. Evading Law Enforcement Officer				09. Physical Disability 11. Distracted/Other Occupant 16. Age/Driver Ability 17. Looked/Did Not See 18. Talking on Phone/Holding 19. Talking on Phone/Hands Free 20. Manipulating Electronic Device 21. Distracted Eating/Drinking 22. Distracted/Smoking			
0 0 AUTONOMOUS VEHICLE CAPABILITY 00. No Automation 01. Driver Assistance 02. Partial Automation 03. Conditional Automation 04. High Automation 05. Full Automation 06. Unknown Driver Ceded Control of Vehicle ☐				HAZARDOUS MATERIALS - PLACARDS Did the vehicle have a hazardous material placard? 00. No 01. Yes 02. Required but Missing			
HAZARDOUS MATERIALS - RELEASE Was hazardous cargo from the placarded truck released? (Do not count fuel from the vehicle fuel tank) 00. No 01. Yes				HAZARDOUS MATERIALS - CODE Enter the four digit number from the placard. If no number on the placard enter the four digit Identification number from the shipping paper(s). 			
HAZARDOUS MATERIALS - CLASS Enter the one digit number taken from the bottom of the placard. 				LIQUID HAZARDOUS MATERIALS Enter the amount of bulk liquid cargo at time of crash. 01. 0 to 1,000 gallons 02. 1,001 to 2,000 gallons 03. 2,001 to 3,000 gallons 04. 3,001 to 4,000 gallons 05. 4,001 to 5,000 gallons 06. 5,001 to 6,000 gallons 07. 6,001 to 7,000 gallons 08. 7,001 to 8,000 gallons 09. 8,001 gallons and over			
CMV FIELDS							
Carrier Name				Dot #			
Address							
Over Height ☐	Over Weight ☐	Over Length ☐	Over Width ☐	Permitted ☐			

Case # [REDACTED]	Agency ORI CO0351000	Agency Name TIMNATH POLICE DEPARTMENT
----------------------	-------------------------	--

Describe Crash

On 01-18-21 at approximately 1833 hours, Traffic Unit 1 (TU1), a police car, was responding to an in progress call from the Wal-Mart parking lot at 4500 Weitzel Street. TU1 was being driven by Officer Jacob MECKLEY. TU1 was travelling westbound through the parking lot and made a sharp left to turn southbound. While turning left TU1 struck a stop sign causing severe body damage to the front driver's side door and moderate damage to the rear driver's side door. TU1 caused slight damage to the stop sign. TU1 did not have its lights or sirens activated yet.

I (Officer [REDACTED]) returned to the scene later in the evening and took measurements and contacted Wal-Mart management and provided them with a case number.

Attachments:

None.

End of Report.

Standards of Conduct

- (c) Exceeding lawful peace officer powers by unreasonable, unlawful or excessive conduct.
- (d) Unauthorized or unlawful fighting, threatening or attempting to inflict unlawful bodily harm on another.
- (e) Engaging in horseplay that reasonably could result in injury or property damage.
- (f) Discourteous, disrespectful or discriminatory treatment of any member of the public or any member of this department or the Town.
- (g) Use of obscene, indecent, profane or derogatory language while on-duty or in uniform.
- (h) Criminal, dishonest, or disgraceful conduct, whether on- or off-duty, that adversely affects the member's relationship with this department.
- (i) Unauthorized possession of, loss of, or damage to department property or the property of others, or endangering it through carelessness or maliciousness.
- (j) Attempted or actual theft of department property; misappropriation or misuse of public funds, property, personnel or the services or property of others; unauthorized removal or possession of department property or the property of another person.
- (k) Activity that is incompatible with a member's conditions of employment or appointment as established by law or that violates a provision of any collective bargaining agreement or contract to include fraud in securing the appointment or hire.
- (l) Initiating any civil action for recovery of any damages or injuries incurred in the course and scope of employment or appointment without first notifying the Chief of Police of such action.
- (m) Any other on- or off-duty conduct which any member knows or reasonably should know is unbecoming a member of this department, is contrary to good order, efficiency or morale, or tends to reflect unfavorably upon this department or its members.

340.5.10 SAFETY

- (a) Failure to observe or violating department safety standards or safe working practices.
- (b) Failure to maintain current licenses or certifications required for the assignment or position (e.g., driver's license, first aid).
- (c) Failure to maintain good physical condition sufficient to adequately and safely perform law enforcement duties.
- (d) Unsafe firearm or other dangerous weapon handling to include loading or unloading firearms in an unsafe manner, either on- or off-duty.
- (e) Carrying, while on the premises of the work place, any firearm or other lethal weapon that is not authorized by the member's appointing authority.
- (f) Unsafe or improper driving habits or actions in the course of employment or appointment.
- (g) Any personal action contributing to a preventable traffic accident.

Officer Response to Calls

316.1 PURPOSE AND SCOPE

This policy provides for the safe and appropriate response to all emergency and non-emergency situations.

316.2 RESPONSE TO CALLS

Officers responding to any call shall proceed with due regard for the safety of all persons and property.

Officers not responding to a call as an emergency response shall observe all traffic laws and proceed without the use of emergency lights and siren.

Officers responding to a call as an emergency response shall continuously operate emergency lighting equipment and shall sound the siren as reasonably necessary (CRS § 42-4-108(3) and CRS § 42-4-213).

Responding with emergency lights and siren does not relieve the an officer of the duty to drive with due regard for the safety of all persons and property and does not protect the officer from the consequences of reckless disregard for the safety of others (CRS § 42-4-108(4)).

The use of any other warning equipment without emergency lights and siren does not generally provide an exemption from the vehicle laws (CRS § 42-4-108(3)).

Officers should only respond to a call as an emergency response when so dispatched or when responding to circumstances the officer reasonably believes involves the potential for immediate danger to persons or property. Examples of such circumstances may include:

- An officer who requires urgent assistance.
- A burglary in process that appears to involve a threat to any person's safety.
- A robbery in progress.
- A person brandishing a weapon.
- An apparent homicide.
- A suicide in progress.
- A fight, riot or other large disturbance involving or injuries.
- An assault or other violence in progress.
- A domestic dispute where injury is reasonably believed to be imminent, or has just occurred and the suspect is present.
- A kidnapping in progress.
- A traffic collision or other event involving a serious injury or the possibility of injury that may reasonably require immediate medical aid.

PUBLIC RELEASE - A. FRAIELI

Review of File: After an administrative investigation has been completed, employees may request, in writing, permission from the Chief of Police to review the unrestricted contents of an administrative investigative file in which they are accused of misconduct.

I acknowledge receipt of this memorandum:

	020122
_____ Employee Signature	_____ Date
	_____ Date
_____ Supervisor	_____ Date
_____ Witness	_____ Date



Timnath Police Department
Administrative Memorandum

Timnath Professional Standards Number – 22-02

To: Officer Jacob Meckley

From: Sergeant [REDACTED]

Date: January 21, 2022

RE: Oral Reprimand

The purpose of this memorandum is to issue an Oral Reprimand to you based upon your violation of a clearly established department policy. This memorandum also describes your grievance rights.

Incident: On January 18th, 2022, Ofc Meckley was dispatched emergent to assist medical with a possible stabbing. Ofc Meckley was in the Walmart parking lot driving westbound near the garden center entrance. When Ofc Meckley made a left turn to drive southbound through the Walmart parking lot he collided into a yellow pole causing damage to the left side of his patrol car.

Policy Violation: Your actions regarding this specific incident constitute a violation of TPD policy 316 Officer Response to Calls, 316.1 – Purpose and Scope -This policy provides for the safe and appropriate response to all emergency and non-emergency situations., 316.2 – Response to Calls-Officers responding to any call shall proceed with due regard for the safety of all persons and property, and 340.5.10 Safety- (f) Unsafe or improper driving habits or actions in the course of employment or appointment.

Imposition of Discipline: This oral reprimand is necessary as your actions in this incident were outside the policy mentioned above.

Grievance Rights: Pursuant to TPD Policy 1006.1, Disciplinary Grievance you have a right to file a grievance to this oral reprimand. If you desire to grieve this matter, you must file a written grievance to your immediate Supervisor or the Chief, or his/her designee, setting forth your reasons for the grievance and the desired disposition, with a copy to Human Resources, within five (5) business days after receipt of this memorandum.



TIMNATH POLICE DEPARTMENT

10/16/23

RE: Letter of Reprimand - Safekeeping Handling of Case 23-694

To: Jacob Meckley

From: Sergeant [REDACTED]

On 10/11/23 you were involved in the apprehension of a suspect of a stolen vehicle at 4705 Weitzel St. in Timnath, CO. As a result of the incident there were several items contained in the vehicle that were personal property of the suspects. As the inventory of the vehicle was completed, the decision was made to gather the suspects property and release it to an acquaintance on scene.

As a result, the acquaintance was not able to obtain the property of the suspects. You were directly involved in storing the items for safekeeping and kept the items in your possession in your patrol vehicle.

Timnath PD Policy – Property Handling -800.3 Any employee who first comes into possession of any property shall retain such property in his/her possession until it is properly tagged and placed in the designated property locker or storage room, along with the property form. Care shall be taken to maintain the chain of custody for all evidence.

Where ownership can be established as to found property that has no apparent evidentiary value, excluding contraband, such property may be released to the owner without the need for booking. Property documentation must be completed within incident notes or in a case report.

Timnath PD Policy 800.3.1 - Property Booking Procedure- .All property must be booked prior to the employee going off-duty. Employees booking property shall observe the following guidelines:

- Complete the property form describing each item separately, listing all serial numbers, owner's name, finder's name and other identifying information or markings.

- Place the case number in the upper right corner or in the appropriate field of the evidence/property tag.

PUBLIC RELEASE - A. FRAIELI

-The original property form shall be submitted with the case report. A copy shall be placed with the property in the temporary property locker or with the property if it is stored somewhere other than a property locker.

Storing of the items in your vehicle overnight, as well as not documenting and following procedure, is in direct violation of the Timnath PD policies noted above. This action is appealable with the Chief of Police and a written letter to the Chief is required for removal from your personnel file.

If there are questions regarding this incident, please feel free to speak to your supervisor, or member of command staff.

Regards,

[Redacted Signature]

Sergeant [Redacted Name]

Acknowledgment of Receipt: _____

Date: 10/17/23

Chief [Redacted Name] Review: _____

Date: 10-17-2023