



## Traumatic Brain Injuries (TBI) (Re-issue DB 14-259)

The purpose of this bulletin is to provide guidance to members encountering individuals who have suffered a head injury. In some cases, individuals with Traumatic Brain Injury (TBI) have been mistaken as being under the influence of drugs or alcohol. It is also common for them to refuse medical attention. Common symptoms of TBI include:


- Incoherent Rambling
- Sonorous Respiration (Snoring)
- Slurred Speech
- Disoriented
- Severe Headache
- Difficulty staying awake which may progress
- Blurry Vision
- Poor balance – unsteady gait
- Unconsciousness
- Amnesia
- Repeating the same questions multiple times

In all instances, members encountering individuals who may have suffered a TBI, as the result of a criminal assault, battery or accident, shall summon medical personnel to the location, so that they can assess the subject.

If the individual is a victim of a crime **and is transported** to a hospital for evaluation, members shall include in the title of the report “Aggravated Assault” and the instrument that was used to cause the injury, (e.g. pipe, feet, fists, etc.). Members shall attempt to determine the location of the assault, and canvass the area for video footage. In cases where the victim does not recall the incident and/or the member cannot determine if a crime has occurred, the report shall be titled “Aided Case.”

Members shall notify their respective Officer-in-Charge (OIC) when a victim has suffered a head injury (e.g. suspect punches victim once causing the victim to fall and hit his/her head on the pavement) resulting in the victim being **transported** to the hospital. The OIC will ensure that the member contacts the appropriate investigative unit (e.g. SIT, Night Investigations Unit (NIU), or Special Victims Unit (SVU)) as soon as possible.

Members shall attempt to consult with the treating physician to determine the extent of the victim’s injuries and document the physician’s name in the incident report. The incident report will reflect information obtained from medical team personnel (e.g. possible concussion), and the disposition of the victim (e.g. the victim refused medical attention or admitted to hospital for observation). In all cases, the incident report will be forwarded to the appropriate investigative unit to initiate the follow-up investigation.

  
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