



THE TACTICAL EDGE

WINTER, 1994



CASE STUDY

The Moreno Valley Hostage Incident

by Lawrence Heiskell, M.D., and David Tang, M.D.

On Mother's Day, Sunday, May 9, 1993, at 0730 hours, the Riverside County (CA) Sheriff's Department East Emergency Services Team (SWAT) was activated to relieve the West Team, which was already at the scene of a barricaded suspect with hostages at the Paso de Lago mobile home park in Moreno Valley.

The suspect, a 33-year-old male, was holding his 12-year-old son, 9-year-old son, and 40-year-old girlfriend hostage. The situation began at approximately 2300 hours the night before, when deputies responded to the scene of an apparent domestic dispute. According to the reporting party, the suspect was a heavy methamphetamine user. He had not been sleeping. He had been pacing around all day, and placing guns in strategic locations within the mobile home. The suspect, armed with a shotgun and scoped rifles, threatened the deputies and refused to exit the mobile home or allow his sons or girlfriend to leave. The Emergency Services West Team was then activated and on-scene with an established perimeter within the hour. The Riverside County Sheriff's Department provides law enforcement coverage to an area encompassing 7,800 square miles, and utilizes two 20-man teams based in the West and East portions of the county.

After evacuating the surrounding mobile homes, an inner and outer perimeter, along with a command post, was established in a nearby mobile home one block away. Negotiations began and continued through the night, but did not accomplish the release of any hostages. Doctor Brian Hoynak, an emergency physician and Reserve Deputy for the West Team, was already on-scene and participated in an advisory capacity during negotiations. The following morning at 0700 hours, the decision was made to activate the East Team to relieve the West Team and establish shifts.

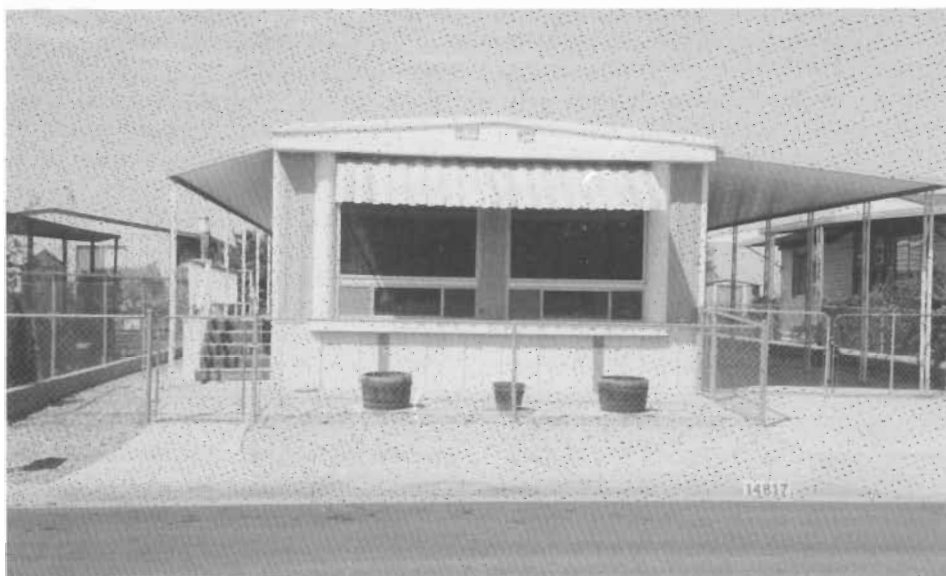
Medical personnel on-scene from

the East Team included an ambulance, along with two tactically trained paramedics from Hemet Valley and two emergency physicians, who are tactically trained Reserve Deputies of the Riverside County Sheriff's Department. One physician took a position with the team at the inner perimeter, and the other rotated back and forth between the inner perimeter and the command

post to provide medical advice to the commander and hostage negotiators.

Planning

A tentative tactical plan was developed by the East Team while enroute from their home base in the desert (Palm Springs area) to Moreno Valley. The plan was discussed, approved and rehearsed. In the event a dynamic hostage rescue would be



The suspect's mobile home provided little, if any, cover for team members. These and next photo are courtesy of David Tang, M.D.

come necessary, an eight-man entry team would be deployed. The entry team would enter from the front porch of the trailer as diversionary devices were deployed to the exterior of the #1/2 and #3/4 corners of the structure.

The entry team would then breach the front door, deploy a diversionary device inside the home, and secure the living room area east of the entry point and the hallway and remaining rooms to the west. If the suspect released the hostages and remained in the trailer, it was anticipated that chemical agents would be delivered inside. If the suspect did not exit, a stealth entry and interior search would eventually be initiated. An entry plan was also devised to be implemented if the suspect fell asleep and the hostages were able to escape.

Mission Execution

As negotiations continued, the entry team rehearsed the variations of the assault plan numerous times. For approximately seven hours negotiations continued, to no avail. At one point, it appeared the suspect would release the hostages in exchange for some milk and two-liter bottles of cold Pepsi.

After learning that the suspect had access to a vehicle parked in the carport on the #3 side of the trailer, as well as another parked on the street on the #4 side (neither of which had been disabled), marked units were positioned to block the roadway and prevent the suspect from escaping. After the girlfriend told negotiators the suspect had barricaded the front and rear doors with furniture, the decision was made to make the large window west of the front door the point of primary entry. There was a couch on the porch outside and directly under this window, which could be used by team members as a step.

At 1447 hours, the electrical power was turned off to the suspect's home. At 1538 hours, negotiators reported that the suspect was willing to exit the trailer with his sons and girlfriend and surrender. A three-man arrest team was designated and staged, as the entry element stood by to clear the mobile home after the suspect was in custody.

At 1543 hours, a muffled report that sounded like a door slamming



As the suspect was about to shoot a second hostage, a diversionary device caused him to miss the intended target and shoot a hole in the wall (visible to the lower right of the window).

inside the trailer was heard. Loud screaming and three gunshots were fired in rapid succession inside the trailer. The entry team immediately reformed and the execute order was given. As diversionary devices were delivered outside the structure, two members of the entry team broke the large window west of the front door and another diversionary device was deployed through the window.

The entry team was inside within seconds. The first two team members encountered the suspect on the floor struggling with the girlfriend in an attempt to reach a shotgun lying nearby. The suspect was subdued and handcuffed. Team members also discovered the 12-year-old had been shot in the chest by the suspect and was seriously injured. At that point, the tactical emergency medical services team



Hostage in the hospital "Trauma Room." In spite of the wounds he sustained, he was released one week later with a prognosis for full recovery. Photo courtesy of Kathy Clem, M.D.

was activated.

Medical Management

The medical team, consisting of the team emergency physicians and the two paramedics, encountered the 12-year-old lying on his back on the floor of the living room with a large gaping left chest wound (6" x 12") with powder burns and multiple pellet wounds to the underneath side of the upper left arm. The majority of the serratus anterior and the latissimus dorsi muscles (chest wall muscles) had been blown away, with open lung visible. An occlusive dressing was placed over the wound and large-bore intravenous lines were started. The patient was placed on 100% oxygen and was found to have an intact airway with good breath sounds bilaterally, and intact neurovascular function of the left arm. He was then given an injection of morphine for pain.

During patient assessment and treatment, **LIFEFLIGHT**, a helicopter ambulance service which had been placed on standby with a predesignated landing zone, was summoned via cellular phone. The wounds to the left arm were dressed, and the patient was transferred to a gurney and transported to an intersection by our ambulance, where the helicopter was waiting. The patient was flown to Loma Linda University Medical Center with the two emergency physicians. While enroute, the medical center was contacted by radio and advised of the status and need for a Pediatric Trauma Team. The patient arrived in the trauma room at Loma Linda University Medical Center within minutes, was cared for by the Pediatric Trauma Team, and transferred to the Pediatric Intensive Care Unit in critical but stable condition. One week after the boy was admitted to the hospital, he was discharged with a prognosis for full recovery.

Conclusion

During debriefing, the girlfriend related that following the initial shotgun blast to the 12-year-old, the suspect had placed the weapon to the head of the 9-year-old for imminent discharge. However, when the windows were shattered and the diversionary device used during the assault, the perpetrator was distracted and unable to carry

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through his intent to shoot the 9-year-old.

This incident clearly illustrates that a tactical team which operates with a well-trained and tactically integrated emergency medical component can, and does, make a difference in the success or failure of a mission. The time lag in this incident, from the moment of the shooting until the arrival of emergency medical services, was measured in seconds instead of the usual minutes. This extremely rapid on-scene emergency medical care, coupled with the appropriate transportation modality and trauma center selection, greatly alters the ultimate out-

come for individuals injured during tactical operations. As the author has mentioned in the past, the importance for every tactical team to incorporate some form of emergency medical support cannot be emphasized enough.

About the Authors

Lawrence Heiskell is an Emergency Physician in the Department of Emergency Medicine at Loma Linda University Medical Center, Loma Linda, California. He is residency trained in Emergency Medicine and Family Practice. A peace officer in the State of California, he holds a commission of Reserve Deputy Sheriff. Doctor Heiskell is a SWAT team physician for the Riverside County Sheriff's Department



East Team, Palm Springs Police Department, and the Kern County Sheriff's Department. He is an Advanced Trauma Life Support Instructor for the American College of Surgeons, and the Chairman of the Sub-Committee on Tactical Emergency Medicine for the California Chapter of the American College of Emergency Physicians.

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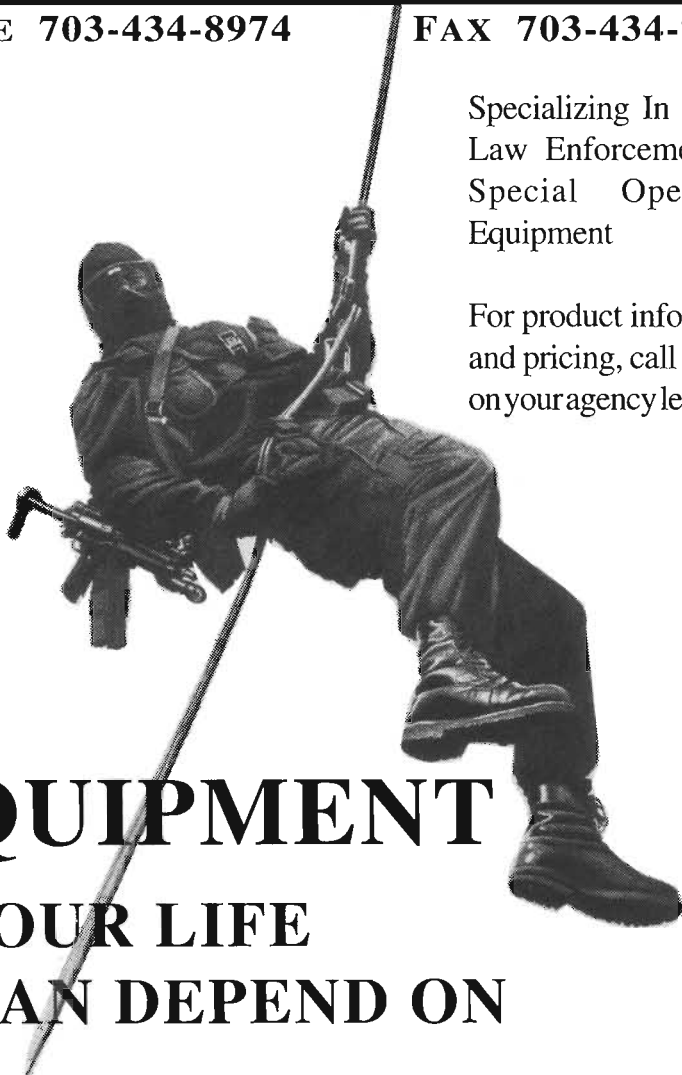
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David Tang is an Emergency Physician in the Department of Emergency Medicine at Loma Linda University Medical Center, Loma Linda, California. Doctor Tang is a peace officer in the State of California. He is tactically trained and holds a commission of Reserve Deputy Sheriff with the Riverside County Sheriff's Department. Doctor Tang is residency trained in Emergency Medicine and Internal Medicine. He is an Advanced Trauma Life Support Instructor for the American College of Surgeons, and a SWAT team physician for the Riverside County Sheriff's Department East Team.