

OAKLAND POLICE DEPARTMENT Operations Plan

TF-3116 (Rev. Dec 10)

Risk Assessmen	Overview Pr	repared and	Attached
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(A Risk Assessment Overview is not required for all operations. It is a tool to determine whether a Tactical Operations Team callout is recommended. Refer to TB III-Q, Risk Assessment Overview & Operations Plan)

Date of Operation			Time of Ope	eratio	on	Incide	nt l	Number		RD	Number
Prepared By					Serial No.	Conta	ct I	Number #1		Con	tact Number #2
Supervisor					Serial No.	Conta	ct I	Number #1		Con	stact Number #2
Investigator					Serial No.	Conta	ct I	Number #1		Con	stact Number #2
Tactical Commander	r				Serial No.	Conta	ct I	Number #1		Con	stact Number #2
Incident Commander	r				Serial No.	Conta	ct I	Number #1		Cor	stact Number #2
5.0	_					•				_	
Briefing Date	Time		Location							Cor	ducted By
Staging Date	Time		Location								
TYPE OF OPER	ATIO)N									
☐ Buy Bust☐ Reverse Buy Bus		☐ Search	Warrant	and	l approved by comn	nander)		☐ Probation☐ Parole Sea			☐ 290 Enforcement ☐ Internet Sting
☐ Buy Walk		-	Warrant			ŕ		☐ Trolling			☐ Massage Parlor
☐ Controlled Buy		☐ Probab	ole Cause Arr	est				□ Decoy			☐ Other:
Surveillance		☐ Vehicle	•					☐ SOAP			
		☐ Walkin	g Stop								
TARGET LOCA	TION										
Addre	ess:										
C	City:	☐ Oaklan	d Other:								
Jurisdicti	ion:	Oaklan	d Other:								
Describe Locati	ion:										
Site Secu	rity:										
Counter Surveillan	ice:										
Other I	nfo:	☐ Urban			☐ Perimeter Gate			Steel Door			
		☐ Suburb	oan		☐ Security Door			Other:			
		☐ Rural			☐ Wood Door						
OTHER INFORM	//ATI	ON									
☐ Handguns					Physical Fortification	n(s)			☐ Gang Af	filiati	on
Rifles					Proximity to Schools				☐ Approac		
☐ Assault Weapons	S				Children/Elderly/Dis						by Public
☐ Automatic Weap					Counter Surveillance				☐ High Fo		
☐ Explosives				_	High Crime Area	-			_) Hazards
☐ Other Weapons:					Animals:				Other:		

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SUSPECT #1 INFORMATION

Name						Alias				Rad		
										Sel	ect One	T.,,,,,
Date of Birth		Age	Sex								Height	Weight
Hair	Eyes	Marks/Sca	ars/Tattoos					Other				
Home Addre	SS						Ph	one Numb	er			
Work Addres	ss/Secondary	Address					Ph	one Numb	er			
Suspect Kno		med			Photograph Attac							
			CRI	MINAL I	HISTORY (Arre	ests an	d C	onvictio	ons)			
☐ Felony A	rrests			☐ Felo	ny Convictions				☐ History of Vi	olen	се	
☐ 3 Strike	Candidate			☐ Gan	g Member				☐ Probation/Pa	arole		
Felony Conv	rictions:											
Misdemeand	or Conviction	s:										
Arrests:												
Probation/Pa	arole:											
Other:												
					SUSPECT VE	HICLE	(S)					
Year	Make		N	/lodel	Bod	y Style	Co	olor	Plate			
Year	Make		N	Model	Bod	y Style	Co	olor	Plate			
Year	Make		N	/lodel	Bod	y Style	Со	olor	Plate			
Year	Make		N	/lodel	Bod	y Style	Co	olor	Plate			
	<u> </u>		L_	ΑC	DITIONAL IN	FORM <i>A</i>	ATIC	ON				
Mental Illnes					Abuse / Type				Specialized Train			
Select One				Select On	e / If Yes, select	one /			Select One / Se	lect	One /	
Gang Affiliat Select One		f Gang		elect On					Other			
Scient Offe	1		N	cicci OII	<u> </u>							

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Select One #2 INFORMATION Name Alias Race Select One Date of Birth Age Sex Height Weight Hair Eyes Marks/Scars/Tattoos Other Home Address Phone Number Work Address/Secondary Address Phone Number

Home Addre	ess					Phone Nu	mber
Work Addres	ss/Secondary Ad	ldress				Phone Nu	mber
Common and Idea	Ta Da A	J		Dhatamanh Attach			
☐ Yes ☐	own To Be Arme	a		Photograph Attache	ea		
res	J NO						
		CRII	MINAL F	ISTORY (Arres	ts an	d Convic	tions)
☐ Felony A	Arrests		☐ Felor	ny Convictions			☐ History of Violence
☐ 3 Strike	Candidate		☐ Gang	g Member			☐ Probation/Parole
Felony Conv	victions:						•
Misdemeand	or Convictions:						
Arrests:							
Probation/Pa	arole:						
Other:							
Otrici.							
				SUSPECT VEH	ICLE	(S)	
Year	Make	N	/lodel	Body S	ityle	Color	Plate
Year	Make	N	lodel	Body S	ityle	Color	Plate
Year	Make	N	lodel	Body S	ityle	Color	Plate
Year	Make	N	lodel	Body S	ityle	Color	Plate
		'	AD	DITIONAL INFO	RM/	TION	
Mental Illnes	ss / Type	S	Substance	Abuse / Type			Specialized Training / Type
Select One			Select One	e / If Yes, select or	ne /		Select One / Select One /
	ion / Name of G		nti-Goverr				Other
Select One	: /	S	Select One	e			

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Select One #3 INFORMATION Alias Race Name Select One Date of Birth Age Sex Height Weight Hair Eyes Marks/Scars/Tattoos Other Home Address Phone Number Work Address/Secondary Address Phone Number Suspect Known To Be Armed Photograph Attached ☐ Yes ☐ No ☐ Yes ☐ No **CRIMINAL HISTORY (Arrests and Convictions)** ☐ Felony Convictions ☐ Felony Arrests ☐ History of Violence ☐ 3 Strike Candidate ☐ Gang Member ☐ Probation/Parole Felony Convictions: Misdemeanor Convictions: Arrests: Probation/Parole: Other: SUSPECT VEHICLE(S) Year Make Model Body Style Color Plate ADDITIONAL INFORMATION Specialized Training / Type Mental Illness / Type Substance Abuse / Type Select One / Select One / If Yes, select one / Select One / Select One / Gang Affiliation / Name of Gang Anti-Government Other Select One / Select One

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Select One #4 INFORMATION

Name						Alias			Sele	ct One	
Date of Birth	1		Age	Sex		<u> </u>				Height	Weight
Hair	Eyes	Mar	ks/Scars/Tat	toos			Oth	ner			
Home Addre	ess						Phone	Number			
Work Addres	ss/Secondary	/ Addi	ress				Phone	Number			
Suspect Kno		med			Photograph Atta		1				
	,			CRIMINAL	HISTORY (Arr	ests ar	d Con	victions)			
☐ Felony A	rroete				lony Convictions			☐ History of	Violence	<u> </u>	
3 Strike					ng Member			☐ Probation		•	
Felony Conv	victions:			·				·			
Misdemeand	or Conviction	s:									
Arrests:											
Probation/Pa	arole:										
Other:											
					SUSPECT VE	EHICLE	(S)				
Year	Make			Model	Bod	ly Style	Color	Plate			
Year	Make			Model	Bod	ly Style	Color	Plate			
Year	Make			Model	Bod	ly Style	Color	Plate			
Year	Make			Model	Bod	ly Style	Color	Plate			
				A	DDITIONAL IN	FORM	ATION				
Mental Illnes	ss / Type			Substanc	e Abuse / Type			Specialized Tra	aining / T	уре	
Select One					ne / If Yes, select	t one /		Select One /	Select C	ne /	
Gang Affiliat		f Gan	g	Anti-Gove				Other			
Select One	/			Select O	ne						

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MISSION

Mission	
Once Background / Intelligence	
Case Background / Intelligence	
Evidence Anticipated	
Perimeter Plan	
Approach Plan	
Approach Fian	

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Entry Plan	
Search Plan	
Rules Of Engagement	
Sub-Team Mission	

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NEAREST HOSPITAL

Name	Address	Emergency Room Phone Number
ACH	1411 E. 31st Street	510 437-4559
		Life Flight Phone Number
		(800) 321-7828
Primary Driver	Alternate Driver	Route

CONTINGENCY PLANS	

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PIO Needed? ☐ Yes

☐ No

Enter Organizational Unit Name Here

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SUB-TEAM MISSION									
Animal Control Services Needed? Yes No – If yes, staging location:									
Police Canine Needed?] Yes ☐ No – If yes, sta	ging location:							
EMS On-Scene Stand-by?	_								
•		olaging localic	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
NOTIFICATIONS Area Commander Notification: When applicable, outside agencies shall be notified of Operations, especially those nvolving undercover personnel. A record of these notifications shall be made below:									
Unit/Agency	Person Notified	Date Notified	Time Notified	Contact Number	Other Info				
☐ Area 1 Commander									
☐ Area 2 Commander									
Area 3 Commander									
Comm. Div. Supv.									
☐ North County Jail									
Alameda PD									
ACSO									
☐ Berkeley PD									
CHP									
☐ Emeryville									
☐ San Leandro									
COMMUNICATIONS AN	D CONTROL								
Dispatcher/Recording Re		Dispatcher:							
Primary Frequency:		Secondary F	requency:						

If yes, Name of PIO:

Arrest/Bust Signals Discussed to include: Audible; Visual; Trouble (Audible); Trouble (Visual); Other.

Yes

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☐ No



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PERSONNEL

Span of Control must reflect a maximum 8:1 ratio unless approved by the Incident Commander.

Call Sign	Name	Serial #	Equipment	Assignment	Vehicle	Phone
				Supervisor		
Signature rec	quired from commander a	uthorizing r	nore than 8:1 ratio	: Actual Ratio:	SIGNAT	URE
				Supervisor		
Signature red	quired from commander a	uthorizing r	nore than 8:1 ratio	: Actual Ratio:	SIGNAT	URE
				Supervisor		
Signature rec	quired from commander a	uthorizing r	nore than 8:1 ratio	: Actual Ratio:	SIGNAT	URE

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		Supervisor		
Signature required from commander authoriz	ing more than 8:1 ratio	: Actual Ratio:	SIGNAT	URE
		Supervisor		
Signature required from commander authoriz	ing more than 8:1 ratio	: Actual Ratio:	SIGNAT	URE
		Supervisor		
Signature required from commander authoriz	ing more than 8:1 ratio	: Actual Ratio:	SIGNAT	URE



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UNDERCOVER INFORMATION

- All undercover officers SHALL attend the operations briefing in person in U/C attire.
- Check appropriate box regarding how undercover officers were identified to Patrol Line-ups (in person in U/C attire, when practical, and/or have a picture (in attire) available for distribution).

	Name	Physical and Clothing Description	U/C Vehicle	Phone	Patrol Line Up
1					Select One
2					Select One
3					Select One
4					Select One
5					Select One
6					Select One
7					Select One
8					Select One
9					Select One
10					Select One

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ADDITIONAL OPERATIONS INFORMATION

Include additional operations information not contained in another section					

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RISK ASSESSMENT OVERVIEW

GENERAL RISK INFORMATION

LOCATION	YES	NO
Urban		
Rural		
Daylight		
Dark		
Residential		
Commercial		

INFORMATION ASSESSMENT	YES	NO
Confidential Informant		
Concerned Citizen		
Other:		
Reliability Factor:	Select %	

RISK ASSESSMENT CALCULATION

(a) Criminal History	No. of Suspects	(C) Yes (2 pts. per Suspect)	(d) No (0 pts)	(e) Unknown (1 pt. per Suspect)	(f) Multiplier	(g) Risk Factor
Homicide					x 4	0
ADW					x 2	0
Armed Robbery					x 2	0
Other Violent Felony:					x 1	0
Other:					x 1	0
Probation:					x 2	0
Parole:					x 2	0
					Total	0

(a) Other Factors	(b) No. of Suspects	(c) Yes* (2 pts. per Suspect)	(d) No (Enter 0 pts)	(e) Unknown (1 pt. per Suspect)	(f) Multiplier	(g) Risk Factor
Alcohol / Drug Abuser:					x 1	0
Mental Condition:					x 1	0
Military / Police Background*					x 2	0
Drug Gang*					x 2	0
Prison Gang*					x 2	0
Hate Group*					x 2	0
* A YES response requires a Tactical Team Con	nmander/Leader Co	onsultation			Total	0

(a) Weapons Assessment	No. of Suspects	(C) Yes (2 pts. per Suspect)	(d) No (Enter 0 pts)	(e) Unknown (1 pt. per Suspect)	(f) Multiplier	(g) Risk Factor
Firearms:					x 1	0
Explosives:					x 1	0
Knives/Stabbing Instruments:					x 1	0
Animals:					x 1	0
Other:					x 1	0
					Total	0



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(a) Site Assessment	(b) Yes (2 pts. per Suspect)	(C) No (Enter 0 pts)	(d) Unknown (1 pt. per Suspect)	(e) Multiplier	(f) Risk Factor
Geographic Barriers (open ground, water, thick brush)				x 1	0
Fortified:				x 1	0
Booby Trapped:				x 1	0
Counter Surveillance:				x 1	0
Counter Surveillance Monitoring:				x 1	0
Additional Persons:				x 1	0
Chemicals:				x 1	0
Interior Unknown:				x 1	0
Locked Perimeter / Gate:				x 1	0
Other:				x 1	0
				Total	0
RISK ASSESSMENT	POINT TOTALS				
			Crimi	inal History	0
Other Factors					
Weapons Assessment					
Site Assessment					0
			GRAND	TOTAL*	0
* Accomment must also consider the time factor. The less time available for planning, the higher the rick factor					

* Assessment	must also consider the time factor	. The less time available	for planning,	the higher	the risk fact
01 – 24 Pts	Optional Tactical Team Consulta	ation			

18 – 24 Pts Consider Tactical Team Consultation

25 + Pts Recommended Tactical Team Consultation

Tactical Team Callout Yes No No



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PRE / POST OPERATIONS PLAN REVIEW AND SIGNATURE PAGE

PRE INCIDENT REVIEW I have reviewed and approved the following documents:							
☐ Risk Assessment Overvi☐ Pre-Incident Operations☐ Search Warrant docume	Plan	pproved (if applicable)					
Reviewing Commander's Sig	gnature SIGN	ATURE REQ	UIRED D	ate:			
DEBRIEFING / AFTER ACTION	ON REPORT						
Debrief (Location TBD by Inc	cident Commander)	Conducted By:	Date:	Time:			
After Action Report (if require	ed by Incident Command	der) – Prepared By:					
COPIES FORWARDED TO:							
☐ BOI D/C	Date:	Ву:					
☐ BFO D/C	Date:	Ву:					
☐ BOS D/C	Date:	Ву:					
OIG	Date:	Ву:					
Other:	Date:	Ву:					
Other:	Date:	Ву:					
Other:	Date:	By:					

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