

KINGSPORT POLICE DEPARTMENT

CIVILIAN RIDE-ALONG PROGRAM



Please read and complete the attached information and return it to the Records Division of the Kingsport Police Department. If you have any questions, please contact PIO Tom Patton at: 423-229-9433 or, TomPatton@KingsportTN.gov

Kingsport Police Department

423-229-9300

<https://kingsportpdblog>

KINGSPORT POLICE DEPARTMENT
PATROL DIVISION
STANDARD OPERATING PROCEDURES



SUBJECT: Civilian Ride-Along Program	NO. 2.25
EFFECTIVE DATE: March 23, 2022	NO. OF PAGES: 4
AS#: N/A	NEW, AMENDS: 8/25/21

I. PURPOSE

The “Citizen Ride-Along Program” shall be for those persons approved by the Chief of Police or his designee. No civilian except in the line of official police business or City of Kingsport business shall ride in a Kingsport Police Department vehicle without authorized approval.

Civilian employees from other areas of the Police Department may ride with a sworn officer (i.e., new dispatcher, new correctional officer, etc.) pending the approval of the Watch Commander.

A graduate of the Kingsport Police Department Citizen’s Academy or Family Academy may ride one eight (8) hour shift per calendar year if properly authorized.

Persons participating in the Volunteer Services Program may be permitted to ride one four (4) four shift for every 20 hours of volunteer service performed when properly authorized.

II. POLICY

A. Conditions for Ride-Along

1. Each participant must complete an application packet, signed release and waiver of liability, and indemnity agreement. Also, the participant must provide proof of health, medical, and life insurance coverage in order to participate in the ride-along program.
2. Each participant must have a background check completed on them that is not older than one calendar year from the date of the application requesting to ride.

3. Each participant must be at least 18 years of age with exception to: College student interns, and members of the department sponsored by Boys Scouts of America Explorer Post 185.
4. The ride-along participants shall not ride between the hours of 11:00 PM and 08:00 AM. All ride-alongs pertaining to the Civilian Ride-Along Program must be scheduled at least 72-hours in advance through the Professional Standards Office.
5. The ride-along participant shall remain in an observer position only, in the vehicle with no contact with the public. The participant shall not exit the cruiser except when authorized to do so by an officer or by a police supervisor.
6. Each participant shall be required to wear a seatbelt anytime the police vehicle is in motion.
7. No participant shall be permitted to carry a weapon. This shall be confirmed immediately prior to entering the police vehicle at the beginning of the ride-along.
8. The participant shall be scheduled to ride with FTO's or senior patrol officers as appointed by the Watch Commander or their designee.
9. Central Dispatch shall be notified when a patrol unit has a ride-along participant.
10. Ride-along participants will not assist any arrest or exercise any force or authority except that which is lawful for any member of the general public. Any strange or dangerous behavior on the part of the participant (at the discretion of the assigned officer with whom the participant is riding) will be reported to the Watch Commander for consideration of continuing the ride-along, and documented in writing and forwarded to the Professional Standards Unit where the participant will be disqualified from further ride-alongs.
11. Ride-alongs are not to enter private residences, businesses, or other property under any circumstances.
12. Officers accompanied by ride-along participants shall make every attempt to not be engaged in the pursuit of offenders.
13. In critical incidents and emergency situations, officers with ride-along participants shall respond to the scene, park the police unit in an area that the officer deems reasonably safe, and:
 - a. Insist that the participant stay inside the police vehicle, and
 - b. Notify supervision so the participant may be removed from vicinity of the situation

14. A complete incident report must be filed by the program coordinator, and the officer with whom the participant was riding, following any accident or injury to a program participant or a member of the general public occurring during the course of participation in the Civilian Ride-Along Program. This report shall include the following:
 - a. The date and time of the accident or injury
 - b. The injured person's name, address, and phone number
 - c. The name of the injured person's next of kin
 - d. The names and phone numbers of any witnesses to the incident
 - e. A complete description of the events and circumstances surrounding the incident
15. Any additional requirements made by federal, state, and/or local regulations which place further restrictions or guidelines upon the supervision and operation of a civilian ride-along program must be followed.
16. Each participant must read, understand, and sign the city/department waiver of liability/hold harmless agreement.
17. No participant will be allowed to ride until they have read and signed this SOP with the opportunity to ask questions and have anything they do not understand relating to this program explained to them by the program coordinator. When all parties are satisfied that all prerequisites have been met, only then will the participant be allowed to ride.

I have read, understood, and been given the opportunity to ask questions pertaining to the Kingsport Police Department Ride-Along Program.

Signature of Participant

Date

Signature of Coordinator

Date

Patrol S.O.P. 2.25
Page 4

So ordered, this the 23rd day of March 2022.

Mike Roark
Operations Captain

Accreditation Reference Standard: N/A



KINGSPORT POLICE DEPARTMENT
200 Shelby Street
Kingsport, Tennessee 37660
"Serving Since 1917"



DALE PHIPPS
 Chief of Police

Application for Civilian Ride-Along

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBER: CELL _____ **WORK** _____

DRIVER LICENSE STATE AND NUMBER: _____

SSN: _____ **DATE OF BIRTH:** _____

EMAIL ADDRESS: _____

HEALTH/MEDICAL INSURANCE PROVIDER (Attach Copy of Card):

Your participation is voluntary, and you are not covered under workman's compensation for the City of Kingsport. Please read the release of claims statement carefully and ask questions about anything you do not understand.

 Applicant signature

 Date

 Training Sergeant or Designee

 Date

 Chief of Police

 Date

Approved

Disapproved

Kingsport Police Department
Police Ride-Along Program

Release and Waiver of Liability

In consideration of being allowed to participate in the police ride-along program with the City of Kingsport, I recognize that I am assuming all risk of personal injury or death and property damage or loss from whatever causes arise while I am participating in the program. This includes injuries, death, or damage arising while I am on the property of the municipality in preparation for, or anticipation of my participation in the ride-along program and causes arising while I am approaching, entering, riding in, disembarking from, leaving, or being about any police vehicle of the municipality. I release the municipality, its officers, employees, agents, and servants from any liability resulting from my action(s) in any way.

As further consideration for being allowed to participate in the ride-along program, I will indemnify and save the city, its officers, employees, agents, and servants harmless for personal injury or death and property damage or loss to others for which my actions were a proximate cause while I am participating in the program. I knowingly assume all responsibility and liability for my own actions while I am participating in the ride-along program.

Signature

Witness

INDEMNITY AGREEMENT

WHEREAS, the Kingsport Police Department wishes to provide law enforcement training to private citizens, and

WHEREAS, during the course of such training the recipients will have access to documents and information declared by law to be confidential, including, without limitation, criminal investigation, criminal investigation reports, photographs, fingerprint cards, records of conviction and autopsy reports, and

WHEREAS, the City of Kingsport may become legally liable for the release of confidential documents and information, and

WHEREAS, the City of Kingsport wishes to obtain assurance that private citizens participating in the training program will not release confidential information without authorization.

NOW, THEREFORE, in consideration of the law enforcement training which the Kingsport Police Department will provide, the undersigned recipient of such training agrees to indemnify the City of Kingsport and its employees for any judgment or settlement if a claim based upon the unauthorized release or dissemination of confidential document or information by the undersigned.

Dated: _____

Training Recipient

Professional Standards Unit