

Kingsport Police Department




Civilian Ride-Along Program



KINGSPORT POLICE DEPARTMENT
PATROL DIVISION
STANDARD OPERATING PPOCEDURES

2.25

Effective Date 3/5/2014 Authority 

Civilian Ride-Along Program

I. Purpose

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

A graduate of the Kingsport Police Department Citizen Academy may ride one eight-hour shift a year if properly authorized.

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

II. Conditions For Ride-Along

- A. Each participant must provide a proof of health, medical, and life insurance coverage in order to participate in the ride-along program.
- B. Each participant must have a background check done on them that is no less than one year old.
- C. Each participant must be at least 21 years of age with exception to: College Student Interns and members of the department sponsored Boy Scouts of America Explorer Post 185.
- D. The ride-along participants will not be allowed to ride between the hours of 11:00p.m. and 8:00a.m. Monday through Friday nor anytime on Saturday or Sunday. A ride-along must be schedule at least forty-eight hours in advance of ride.
- E. The participant shall remain in an observer position only (for example, must remain in the vehicle, and have no more than minimal contact with the public). The participant is not to get out of the car except when authorized to do so by the officer they are assigned to or supervisory personnel.
- F. Each participant shall be required to wear a seatbelt anytime the police vehicle is in motion.

- G. No participant shall be permitted to carry a weapon. This is to be confirmed immediately prior to entering the police vehicle at the beginning of the scheduled ride-along.
- H. The participant will ride with FTOs or senior personnel as appointed by the on duty Watch Commander/ Shift Supervisor.
- I. The dispatcher shall be notified when a unit has a ride-along passenger. Those units should be given domestic violence or assault calls if other units are available to handle the call.
- J. Ride-along participants will not assist in 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 (per the opinion and discretion of the officer with whom the participant is riding) will be reported in writing, and the participant will be disqualified from further riding immediately.
- K. Ride-alongs' are not to enter private residences, businesses, or other property under any circumstances.
- L. Officers accompanied by a ride-along passenger **will not** engage in pursuits of offenders. This must be strictly enforced by the supervisors.
- M. In critical emergency situations, officers with ride-along passengers will respond to the scene, park the vehicle in a place he/she reasonably deems to be safe, and:
 - 1. Insist the ride-along remain in the vehicle, and
 - 2. Notify a supervisor, so the ride-along participant can be removed from the vicinity of the situation.
- N. 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 "Ride-along Program". The report is to include; (1) the date and time of the accident or injury, (2) the injured person's name, address and phone number, (3) the name of injured person's next of kin, (4) the names and phone numbers of any witnesses, and (5) a complete description of the events and circumstances surrounding the incident.
- O. 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.
- P. Each participant must read, understand, and sign the city/department waiver of liability/hold harmless agreement.

Q. No participant will be allowed to ride until after reading this SOP with the opportunity to ask questions and have anything they do not understand relating to the program explained to them by the program coordinator. When all parties are satisfied all prerequisites have been met, then and only then will they be permitted to ride.

I have read, understood and been given the opportunity to ask questions pertaining to the Ride-along program.

Signature of Participant

Date

Signature of Coordinator

Date



KINGSPORT POLICE DEPARTMENT

200 Shelby Street, Kingsport, Tennessee 37660
Information: (423) 229-9300 • Fax: (423) 224-2786
Email: ktpd@ci.kingsport.tn.us

David Quillin
Chief of Police
(423) 229-9423



Application for Civilian Ride-Along

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Phone Numbers: (Home) _____ (Cell) _____
(Work) _____

Drivers License Number: _____

Social Security Number: _____ Date of Birth _____

Name of Health Insurance/Medical Insurance Provider: _____

Any serious injuries during the last five years? Yes _____ No _____

If yes, please explain: _____

Reason for requesting to participate in program: _____

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

Signature of Applicant

Date

Training Sergeant or Designee

Date

Chief of Police

Date

Approved ____ Disapproved ____

Kingsport Police Department
Police Ride-Along Program

Release and Waiver or Liability

In consideration of being allowed to participate in the police ride-along program by the City of Kingsport, I assume all risk of personal injury or death and property damage or loss from whatever causes arising 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 in any way.

As further consideration for being allowed to participate in the ride-long 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 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

Training Staff