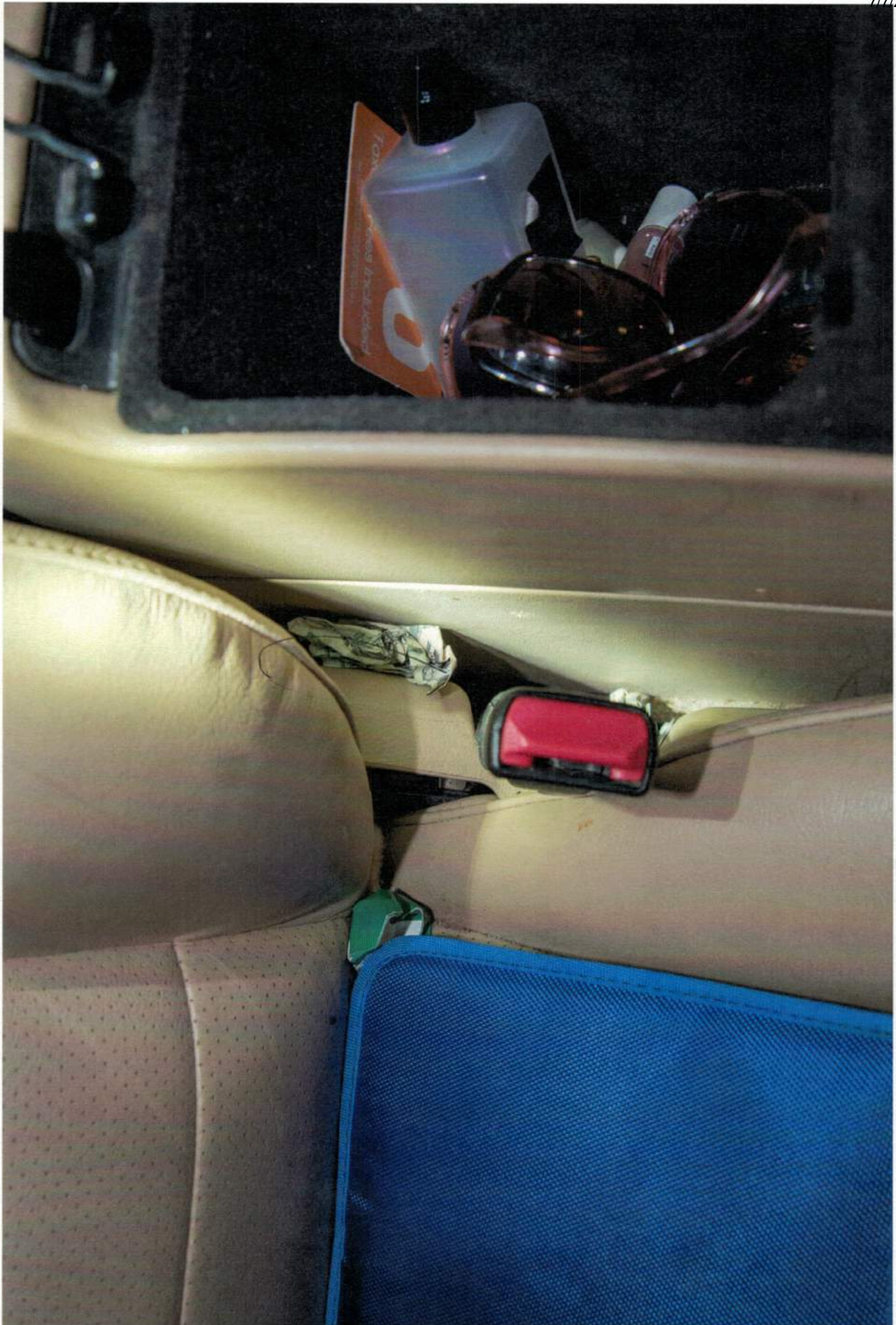
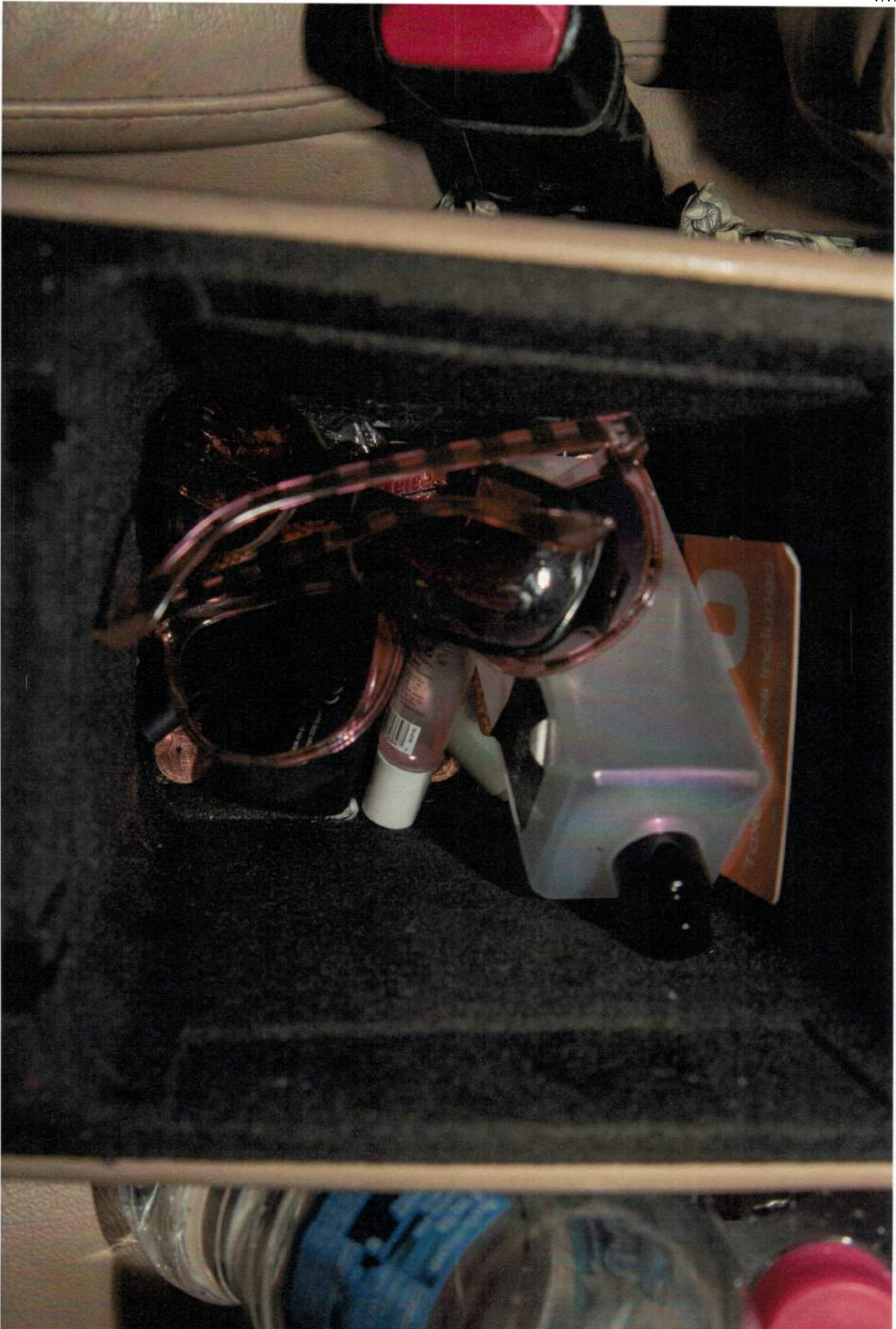
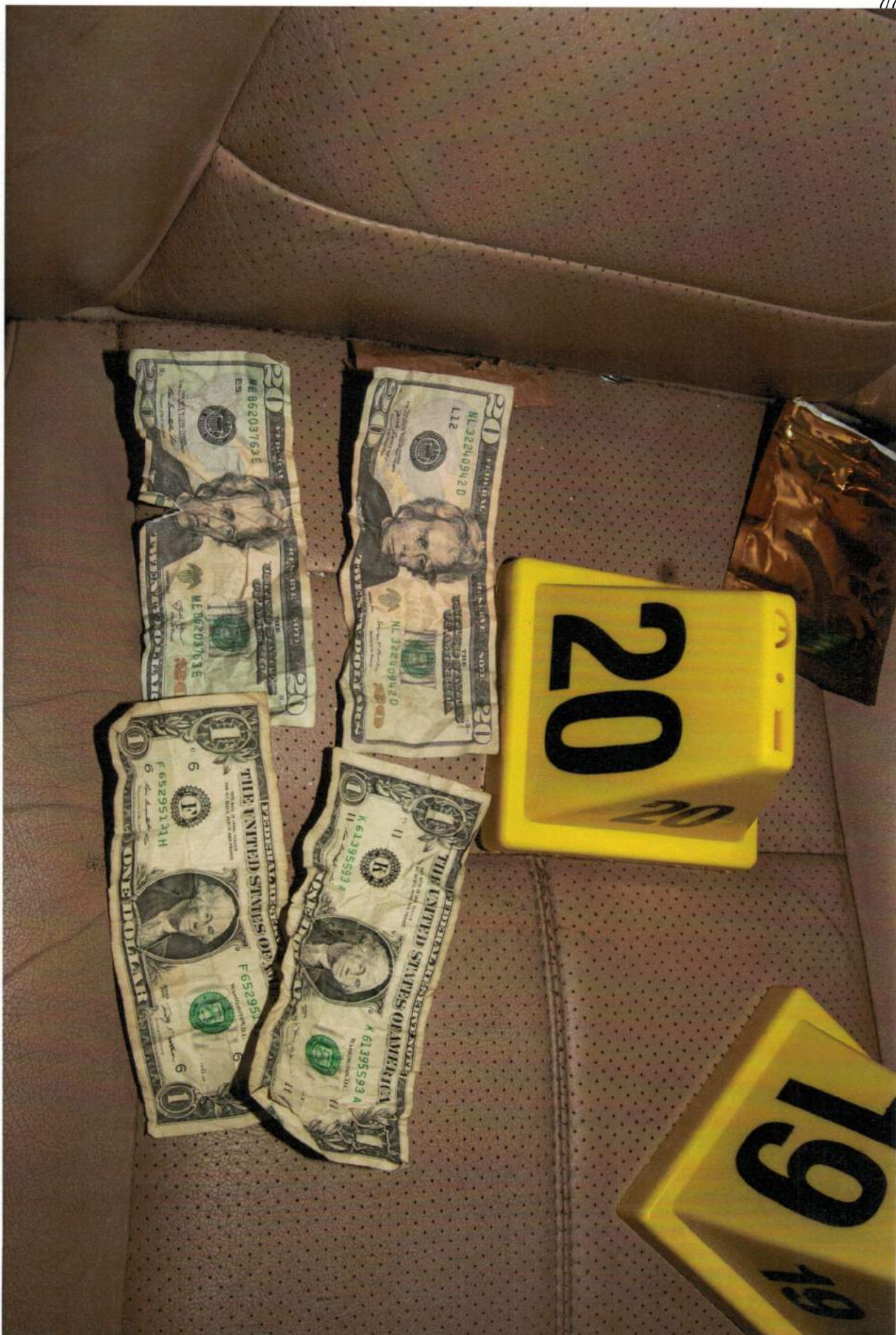


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Defense
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27-CR-20-12951











Single Officer Response

Subject's Hands at Chest (*example is R arm extraction*)

- Trap Sub's elbows with full mount
- Place your L elbow to the floor on the opposite side of the Sub's head
- Move your L knee up to Sub's shoulder
- Lower your R knee to allow space for Sub's R arm to come out
- "Walk" your elbow back & move the Sub's head to his L shoulder
- When R arm comes out, control wrist & apply handcuffs

Subject's Hands at Waist (*example is R arm extraction*)

- Trap elbows with full mount
- Move your L knee up to Sub's shoulder
- Lift your R leg to 90Deg to allow space for Sub's R arm to come out
- Push your L hand under Sub's jaw/cheek bone (head facing towards arm you want)
- Secure a chain grip & pull up on the Sub's head
- When the R arm comes out, control the wrist & apply handcuffs

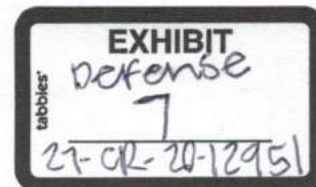
Multi-Officer Response Options

Head Control (*1 Officer*)

- First Officer secures the head:
 - Secure subject's head between your knees
 - Turn subject's head to side – eyes toward your right knee.
 - Left hand posts down just behind subject's ear – Pinning to ground
 - Right hand scoops under subject's jaw (*a handle for control*)

Arm Control (*2 Officers*)

- Second & Third Officers secure the arms:
 - Right side first - left side second (*odds are right handed*)
 - Closest knee pins subject's shoulder down (*stay on ball of foot*).
 - Outer knee pins up against subject's bicep
 - Both hands pin arm at or just above the elbow with a "C" clamp





Leg Control (2 Officers)

- Fourth & Fifth Officers secure the legs:
 - One Officer to each leg
 - Sandwich subject's ankle between your knees (*sub's instep is down*).
 - Both hands pin the ankle down with a "C" clamp

Once subject is pinned (Secured), Officers can focus on a controlled & safe extraction of the arms to secure a handcuff.

Facts & Statistics

- Approximately 90% of people are right hand dominant.
- Under stress, people will usually lead an attack with the dominant hand.
- Prone Position - Hands tucked under the waist usually come out palm up.
- Pinning with both hands can produce 50 - 75% weight transfer.
 - Example: 160lb person pinning the head, wrist, elbow or ankle can produce 80 – 120lbs of pinning weight to a specific area.
- A weapon usually can't hurt you if the hand holding it is pinned underneath; it's when the hand comes out, that the danger exists. (Safe-Unsafe)

Drills: Demonstrate Solo officer with hands under chest, with hands under waist, With partner have second officer move subject's head off line while 1st officer maintain back mount and securing the arm as it comes out, communicate with partners, if subject pushes off ground to knees (insert hooks), if subject pushes chest off ground (neck restraint)

Neck Restraint 25 Minutes

- Compressing one or both sides of a person's neck with an arm or leg, without applying direct pressure to the trachea or airway (*front of the neck*)
- Non-Deadly Force Option
- Two Applications - Conscious & Unconscious

Neck Brace Principle

1. **Head** - Direct pressure is placed on the back of the SUB's head with any part of your body
2. **Neck** - The inside forearm & bicep of the officers encircling arm applies pressure to the sides of the SUB's neck.
3. **Airway** - The SUB's trachea & airway are protected in the crook of the OFF's elbow.



Mechanics of a Neck Restraint

- Secure the **Neck Brace Principle**
 - Stabilization of the head & neck
 - Protection of the Trachea & Airway (*front of throat*)
- Break the SUB's balance to the rear
- Compress veins, arteries, nerves & muscles of the neck
- SUB resisting produces the Valsalva Maneuver (*straining against a closed glottis*)

Drills: partner up, demonstrate by the numbers, single arm, switch arm, figure four, short arm, switch partners, defense to neck restraint, circle up with partners, rotate outer partner for 10 reps

Maximal Restraint Technique Application

5-316 MAXIMAL RESTRAINT TECHNIQUE (05/29/02) (06/13/14) (07/13/17) (04/02/18)

(B-C)

I. PURPOSE

To establish a policy on the use of "hobble restraint devices" and the method of transporting prisoners who have been handcuffed with a hobble restraint applied.

II. POLICY

The hobble restraint device may be used to carry out the Maximal Restraint Technique, consistent with training offered by the Minneapolis Police Department on the use of the Maximal Restraint Technique and the Use of Force Policy.

III. DEFINITIONS

Hobble Restraint Device: A device that limits the motion of a person by tethering both legs together. Ripp Hobble™ is the only authorized brand to be used.

Maximal Restraint Technique (MRT): Technique used to secure a subject's feet to their waist in order to prevent the movement of legs and limit the possibility of property damage or injury to him/her or others.

Prone Position: For purposes of this policy, the term Prone Position means to lay a restrained subject face down on their chest.

Side Recovery Position: Placing a restrained subject on their side in order to reduce pressure on his/her chest and facilitate breathing.

IV. RULES/REGULATIONS

A. Maximal Restraint Technique – Use (06/13/14)

1. The Maximal Restraint Technique shall only be used in situations where handcuffed subjects are combative and still pose a threat to themselves, officers or others, or could cause significant damage to property if not properly restrained.
2. Using the hobble restraint device, the MRT is accomplished in the following manner:
 - a. One hobble restraint device is placed around the subject's waist.
 - b. A second hobble restraint device is placed around the subject's feet.



- c. Connect the hobble restraint device around the feet to the hobble restraint device around the waist in front of the subject.
 - d. **Do not** tie the feet of the subject directly to their hands behind their back. This is also known as a hogtie.
3. A supervisor shall be called to the scene where a subject has been restrained using the MRT to evaluate the manner in which the MRT was applied and to evaluate the method of transport.
- B. Maximal Restraint Technique – Safety (06/13/14)**
1. As soon as reasonably possible, any person restrained using the MRT who is in the prone position shall be placed in the following positions based on the type of restraint used:
 - a. If the hobble restraint device is used, the person shall be placed in the side recovery position.
 2. When using the MRT, an EMS response should be considered.
 3. Under no circumstances, shall a subject restrained using the MRT be transported in the prone position.
 4. Officers shall monitor the restrained subject until the arrival of medical personnel, if necessary, or transfer to another agency occurs.
 5. In the event any suspected medical conditions arise prior to transport, officers will notify paramedics and request a medical evaluation of the subject or transport the subject immediately to a hospital.
 6. A prisoner under Maximal Restraint should be transported by a two-officer squad, when feasible. The restrained subject shall be seated upright, unless it is necessary to transport them on their side. The MVR should be activated during transport, when available.
 7. Officers shall also inform the person who takes custody of the subject that the MRT was applied.
- C. Maximal Restraint Technique – Reporting (06/13/14)**
1. Anytime the hobble restraint device is used, officers' Use of Force reporting shall document the circumstances requiring the use of the restraint and the technique applied, regardless of whether an injury was incurred.
 2. Supervisors shall complete a Supervisor's Force Review.
 3. When the Maximal Restraint Technique is used, officers' report shall document the following:
 - How the MRT was applied, listing the hobble restraint device as the implement used.
 - The approximate amount of time the subject was restrained.
 - How the subject was transported and the position of the subject.
 - Observations of the subject's physical and physiological actions (examples include: significant changes in behavior, consciousness or medical issues).

Ground Defense 101

Break Falls (*Falling Backwards to a Defensive Ground Position*)

- Start in low squat, arms crossed with hands on shoulders, chin tucked
 - Roll backward until your back contacts the ground
 - As you contact the ground, exhale & palm-slap the ground (arms extended out like a "t")
- Roll back up to a seated Defensive Ground Position
 - Post up on gun side hand/ bend opposite leg & plant foot



LEVELS OF RESISTANCE

Active Resistance: A response to police efforts to bring a person into custody or control for detainment or arrest. A subject engages in active resistance when engaging in physical actions (or verbal behavior reflecting an intention) to make it more difficult for officers to achieve actual physical control





Minneapolis
Police

001201

AUTHORIZED USE OF FORCE



*When used by a public officer or one assisting a public officer under the public officer's direction:

*In effecting a lawful arrest; or

*In the execution of legal process; or

*In enforcing an order of the court; or

*In executing any other duty imposed upon the public officer by law



NECK RESTRAINTS AND CHOKE HOLDS

Choke Hold: Deadly force option. Defined as applying direct pressure on a person's trachea or airway

Neck Restraint: Non-deadly force option. Defined as compressing one or both sides of a person's neck with an arm or leg, without applying direct pressure to the trachea or airway (front of the neck)





Conscious Neck Restraint -subject who is actively resisting

Unconscious Neck Restraint- active

aggression, life saving purposes, active resistance in order to gain control of the subject; and if lesser attempts at control have been or would likely be ineffective



001231



MAXIMAL RESTRAINT TECHNIQUE

- *Hobble Restraint Device: limits the motion of a person by tethering both legs together. Ripp Hobble™ is the only authorized brand to be used
- *Maximal Restraint Technique (MRT): Technique used to secure a subject's feet to their waist in order to prevent the movement of legs and limit the possibility of property damage or injury to him/her or others.
- *Prone Position: lay a restrained subject face down on their chest
- *Side Recovery Position: Placing a restrained subject on their side in order to reduce pressure on his/her chest and facilitate breathing
- *****The Maximal Restraint Technique shall only be used in situations where handcuffed subjects are combative and still pose a threat to themselves, officers or others, or could cause significant damage to property if not properly restrained.





Lesson Plan:

0800-0830: Introduction/Mat Cleaning

Instructor demonstration.

0830-0930: Warm-Up/ Introduction to Daily Drills

Forward Rolls X 4 lengths

- Left knee up- Right knee on the ground
- Feed right hand under left leg
- Roll forward over right shoulder not head

Backwards Roll X 2 lengths

- From seated position tilt head left ear to left shoulder
- Slowly roll back over right shoulder
- Slowly bring legs over body toes to floor
- Recover to knees

Backwards Roll w/leg flare out X 2 lengths

- From seated position tilt head left ear to left shoulder
- Slowly roll back over right shoulder

Shrimp (alternating) X 2 lengths

Shrimp w/ backdoor escape X 2 lengths

Fall→Scoot (X2) staying on right side only X 2 lengths

Fall→Scoot (X2) alternating sides X 2 lengths

0930-1000: Handcuffing (Verbal Commands)

When to Apply Handcuffs

1. Subject is under arrest for a crime
2. Subject is a flight risk (*must be able to articulate*)
3. Safety reasons (*must be able to articulate*)

Handcuff Application

1. Announce your Intent (*arrest or detain*)
2. Verbal Direction (*desired handcuffing position*)
3. Approach to Contact (*smooth, centered & balanced*)
4. Cuff on contact/Control upon Touch (*joint lock or first handcuff application*)
5. Smooth Application (*smooth is fast*)
6. Once locked, immediately check SUB's immediate area for weapons

Proper Fit & Double-Locking

- Once it is tactically safe to do so, check for proper fit by touching the tip of your pointer finger to the tip of your thumb through the applied cuffs. The unofficial standard is a finger width of space is reasonable.
- Once it is tactically safe to do so, and after checking for proper fit, always double-lock the handcuffs to assure they do not tighten down any further.

Verbally direct the subject into the desired handcuffing position.

Standing Handcuffing



Lesson Plan:

0800-0900: Warm-Up/ Introduction to Daily Drills

Forward Rolls X 4 lengths

- Left knee up- Right knee on the ground
- Feed right hand under left leg
- Roll forward over right shoulder not head

Backwards Roll X 2 lengths

- From seated position tilt head left ear to left shoulder
- Slowly roll back over right shoulder
- Slowly bring legs over body toes to floor
- Recover to knees

Backwards Roll w/leg flare out X 2 lengths

- From seated position tilt head left ear to left shoulder
- Slowly roll back over right shoulder

Shrimp (alternating) X 2 lengths

Shrimp w/ backdoor escape X 2 lengths

Fall→Scoot (X2) staying on right side only X 2 lengths

Fall→Scoot (X2) alternating sides X 2 lengths

Drills:

Single Officer Escort to Rear Sitting Takedown

Two Officer Escort to High/ Low Takedown

0900-0930: Head Lock Escape

Frame face, escape hip twice, sit up while still framing face, continue sitting up, naturally will end up in side control

- Leg across face
- Hook opponent's leg and take back. **THIS SHOULD BE PRIMARY METHOD, SEEMS EASIEST FOR MOST**
- Subject is squeezing very tight, can't frame, arms around subject's body, pull tight to you, hip bump aggressively, attempt to put subject's face to ground. While keeping your hips high off the ground roll the subject over their shoulders and end up in

0930-1010: Neck Restraint

Compressing one or both sides of a person's neck with an arm or leg, without applying direct pressure to the trachea or airway (front of the neck)

- Non-Deadly Force Option
- Two Applications - Conscious & Unconscious



Figure 4 Neck Restraint

- The proper position is chest to back, so that you are not too high or too low with your armpit resting on their shoulder.
- Slide hand across subject's neck and grab subjects left shoulder/shoulder blade. The pressure on sides of subject's neck should be from your bicep and forearm.
- Press your head against left side of subject's head pushing their head in to your right bicep.
- Slide your left hand under your chin and on to the back of subject's head palm facing you.
- Grab your left bicep with your right hand and squeeze to tighten pressure.

Short Arm Neck Restraint The proper position is chest to back, so that you are not too high or too low with your armpit resting on their shoulder.

- Slide hand across subject's neck and grab subjects left shoulder/shoulder blade. The pressure on sides of subject's neck should be from your bicep and forearm.
- Press your head against left side of subject's head pushing their head in to your right bicep.
- Bring left hand up palm up to right hand and make gable grip (thumb less grip with palms together and hands clasped together, do not intertwine fingers or thumbs).
- Move left forearm to subject's spine and press forearm inward on back and right arm inward on chest. Lean in to subject to offset subject's weight.
- Step back in a reverse lunge motion with same side leg as arm applying restraint and lower subject straight down to ground. Restraining arm's hand on subject's same side shoulder
- Opposite palm on lower back/hip
- Push with palm on hip and pull with hand on shoulder to get subject off balance and leaning backwards
- If necessary use same side foot as restraining arm and push subject's knee forward to further break down (do not kick)

Test of Proportionality

• Neck Restraints (conscious or unconscious applications) shall only be used against subjects when lower force options either:

- Have failed,
- Will likely fail, or
- Are too dangerous to attempt

• Neck Restraints shall not be used against persons who are only displaying Passive Resistance as defined by policy. **Test of Proportionality**

- If unconsciousness occurred, request EMS immediately by radio
- Loosen clothing & jewelry around the SUB's neck area
- Check airway & breathing – start CPR if needed

After a Neck Restraint has been applied, you shall keep them under close observation until they are released to medical or other law enforcement personnel.

Transfer of Custody

• Prior to transferring custody of a subject that force was used upon, you shall verbally notify the receiving agency or employee of:

- The type of force used,
- Any injuries sustained (*real or alleged*) and
- Any medical aid / EMS rendered

Force Reporting & Supervisor Notification

- The use of a Neck Restraint requires a Supervisor's Notification / Force Review and a PIMS report.



Individual Learning Objectives:

1. How to physically remove a non-compliant subject.
 2. How to control the subject once the subject has been extracted.
 3. When extraction techniques are appropriate.
 4. How to properly assist another Officer when a vehicle extraction is being conducted.
 5. When and how to apply the Maximal Restraint Technique (MRT)
- Review all MPD Policies related to Use of Force

Lesson Plan:

(List the "Individual Learning Objectives" and provide a detailed explanation of how each will be instructed. This needs to be documented in an hour-by hour format for MN POST)

0800-0900

1. How to physically remove a non-compliant subject from a vehicle
 - A. If the vehicle is off and the subject is not seat belted, a straight arm bar take down can be conducted.
 - a. Officer will grab the closest arm of the subject near the wrist and elbow.
 - b. Officer will then pull the subject towards the ground and out of the vehicle.
 - c. Once the subject is outside on the ground, Cover Officer will step in between the contact officer and the vehicle masking him from any threat that is still potentially in the vehicle.
 - d. Once safe to do so, contact Officer will use a handcuffing technique to control the subject.
 - B. If the subject is seat belted, and the vehicle is turned off, a 2 Officer technique can be conducted.
 - a. Contact Officer will force the subjects head towards the middle of the vehicle causing the subject to be in a position where resistance is hampered.
 - b. While forcing the subjects head into the middle of the vehicle with his/her right forearm, Officer will control the subjects left arm with his other hand.



- c. Once contact has been made with the subject, cover Officer will reach into the vehicle from the passenger side to unbuckle the subject.
 - d. Once the seatbelt has been undone, contact officer will use the straight arm bar take down technique to extract the subject.
- C. If the subject is seat belted, and the vehicle is turned off, a 2 Officer technique can be conducted.
- a. Cover Officer can use a distraction technique (verbal) to gain the attention of the subject.
 - b. Once the subject is focused on the cover Officer who is on the opposite side of the vehicle, contact Officer can reach in and grab the subject underneath the jaw (mandibular angle) and pull the subject towards the exterior of the vehicle.
 - c. Once the subject has been immobilized/controlled, cover officer will enter the vehicle from the opposite side and unbuckle the seatbelt.
 - d. Once the subject is unbuckled the contact Officer will pull the subject from the vehicle and use a handcuffing technique to control the vehicle.

Instructor's Notes:

- All MPD Policies related to Use of Force from sections 5-300 and 3-200 will be reviewed in a Power Point Presentation.
- Each slide will contain either the entire policy, or a shortened version if appropriate, to be discussed by the Instructor.
- The "notes section" of individual slides will provide more detail for discussion.

(Power Point Presentation will be saved under this course title.)

0900-1030

5-316 **MAXIMAL RESTRAINT TECHNIQUE (05/29/02) (06/13/14) (07/13/17)**
(04/02/18)

(B-C)

I. PURPOSE

To establish a policy on the use of "hobble restraint devices" and the method of transporting prisoners who have been handcuffed with a hobble restraint applied.

II. POLICY

The hobble restraint device may be used to carry out the Maximal Restraint Technique, consistent with training offered by the Minneapolis Police Department on the use of the Maximal Restraint Technique and the Use of Force Policy.

MN STAT 629.33

- 629.33 When force may be used to make arrest.

- If a peace officer has informed a defendant that the officer intends to arrest the defendant, and if the defendant then flees or forcibly resists arrest, the officer may use all necessary and lawful means to make the arrest but may not use deadly force unless authorized to do so under section 609.066. After giving notice of the authority and purpose of entry, a peace officer may break open an inner or outer door or window of a dwelling house to execute a warrant if:

- (1) The officer is refused admittance;
- (2) Entry is necessary for the officer's own liberation; or
- (3) Entry is necessary for liberating another person who is being detained in a dwelling/house after entering to make an arrest.





Course Number: _____
(MPD Training Unit completes)

Course Title:

Vehicle Extraction

Course Description:

The course is designed to instruct academy recruits on the best tactics, techniques, and procedures for physically removing an occupant from a vehicle during a high risk stop. The course will focus on the best methods for dealing with primarily uncooperative suspects who are occupants in vehicles. It will also incorporate considerations for occupants who may not exit a vehicle due to communication, cognitive, or physical limitations.

Course Length:

4 hours

Date Created:

September 24, 2018

Date Training Conducted:

October 11, 2018

Created By:

Sgt Rick, JD

Course Goal(s):

Students will be able to understand when it is appropriate to use the instructed methods for vehicle extraction and where these methods are located on the use of force continuum. Students will be able to effectively plan and execute the removal of an uncooperative occupant utilizing a team approach. Students will be able to recognize the potential safety hazards while operating in close quarters to other officers for weapons handling and moving vehicles.

History of EXD



002570

Table 1

Historical descriptions and terminology of excited delirium syndrome.

Author and year	Nomenclature	Clinical description
Calmeil, <u>1832</u>	Delirious mania	Rare, life-threatening psychosis extreme hyperactivity, mounting fear, stuporous exhaustion
Bell, <u>1849</u>	Bell's mania	Sudden onset of hyperactive arousal, confusion, transient hallucinations, core body temperature dysregulation, 75% mortality rate
Maudsley, <u>1867</u>	Acute maniacal delirium	Violent mania, rapid pulse, constant motion, elevated temperature of skin, complete exhaustion
Stauder, <u>1934</u>	Lethal catatonia	Intense motor excitement, violent, suicide attempts, intermittent rigidity, incoherent speech, bizarre delusions; fever (43.3°C), cardiovascular collapse
Wetli and Fishbain, <u>1985</u>	Excited delirium	Agitation motor excitement, super human strength, paranoia, mounting fear, hyperthermia, cardiorespiratory collapse, cocaine intoxication, no anatomic cause of death

Current definition

Excited delirium: A condition that manifests as a combination of **delirium, psychomotor agitation, anxiety, hallucinations, speech disturbances, disorientation, violent and bizarre behavior, insensitivity to pain, elevated body temperature and superhuman strength.**





Common Risk Factors

- Male under the age of 44 median age of 36
- Use/abuse of illicit drugs
- Preexisting mental and/or cardiovascular disease
- Exhibition of bizarre behavior such as:
 - Various stages of nudity
 - Incoherence and delirium
 - Violence/attacking or breaking glass
 - Running in traffic
 - Paranoia

R: Patient is resistant

- Verbal loop of “get on the ground”
- Handcuffing and hobbles will take multiple officers
- Understand some subjects will not respond to pain compliance



002592

Ok they are in handcuffs now what.

- Sudden cardiac arrest typically occurs immediately following a violent struggle
- Place the subject in the recovery position to alleviate positional asphyxia
- Once in handcuffs, get EMS on scene quickly to monitor and transport
- Sign a transport hold on these individuals
- Complete a CIC report



002596

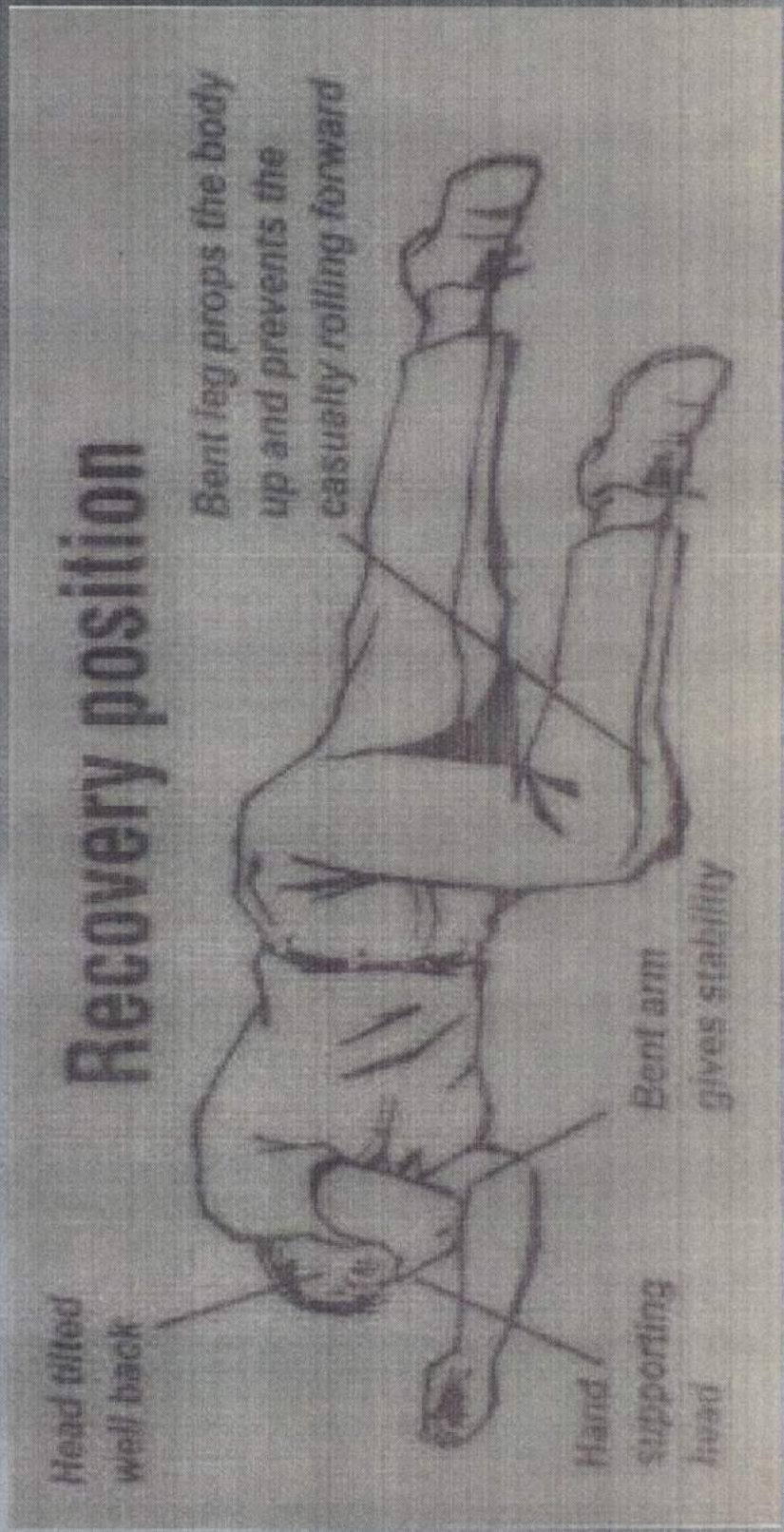
The White Paper

- Twenty medical doctors across the United States contributed the White Paper Report on Excited Delirium Syndrome in 2010
 - “beneficial use of aggressive chemical sedation as first line intervention.”
 - “Law enforcement control measures should be combined with immediate sedative medical intervention to attempt to reduce the risk of death.”



Airway

- ☐ Normally this is head tilt chin lift or "Sniffing Position". Can also be the Recovery Position.



Jody Lombardo; Bryan Gilbert Plaintiffs - Appellants

v.

**City of St. Louis; Ronald Bergmann, Sergeant,
individually and in his official capacity as an officer for the St. Louis City Police
Department.;**

**Joe Stuckey, Officer, individually and in his official capacity as an officer for the
St. Louis City Police Department.;**

**Paul Wactor, Officer,
individually and in his official capacity as an officer for the St. Louis City Police
Department.;**

**Michael Cognasso, Officer,
individually and in his official capacity as an officer for the St. Louis City Police
Department.;**

**Kyle Mack, Officer,
individually and in his official capacity as an officer for the St. Louis City Police
Department.;**

**Erich vonNida, Officer,
individually and in his official capacity as an officer for the St. Louis City Police
Department.;**

**Bryan Lemons, Officer,
individually and in his official capacity as an officer for the St. Louis City Police
Department.;**

**Zachary Opel, Officer,
individually and in his official capacity as an officer for the St. Louis City Police
Department.;**

**Jason King, Officer, individually
and in his official capacity as an officer for the St. Louis City Police
Department.;**

**Ronald Degregorio, Officer,
individually and in his official capacity as an officer
for the St. Louis City Police Department. Defendants - Appellees**

No. 19-1469

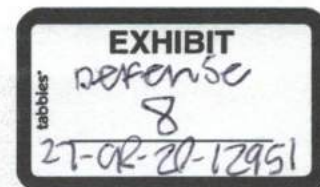
United States Court of Appeals For the Eighth Circuit

Submitted: January 16, 2020

April 20, 2020

Summaries:

Source: Justia



The Eighth Circuit affirmed the magistrate judge's grant of summary judgment in favor of law enforcement officers and the City, in a 42 U.S.C. 1983 action brought by plaintiff after the

death of her son. The court held that the officers' actions did not amount to constitutionally excessive force. In this case, the undisputed facts show that the officers discovered the son acting erratically, and even though the son was held in a secure cell, it was objectively reasonable for the officers to fear that he would intentionally or inadvertently physically harm himself. Furthermore, the son actively resisted the officers' attempts to subdue him, and officers held him in the prone position only until he stopped actively fighting against the restraints and the officers. Therefore, the court held that the officers are entitled to qualified immunity on plaintiff's excessive force claim.

Appeal from United States District Court for the Eastern District of Missouri - St. Louis

Page 2

Before COLLOTON, SHEPHERD, and ERICKSON, Circuit Judges.

SHEPHERD, Circuit Judge.

Jody Lombardo and Bryan Gilbert (together, Lombardo) brought an action under 42 U.S.C. § 1983 against the City of St. Louis (the City) and ten St. Louis Metropolitan Police Department (SLMPD) officers, in their individual capacities, arising from physical contact between the officers and Lombardo's son, Nicholas Gilbert, that Lombardo alleges resulted in Gilbert's death. Lombardo alleges that the officers used excessive force during the incident, which caused Gilbert's death, and that the City is liable for the officers' actions due to an unconstitutional policy and a failure to train its officers. The magistrate judge granted summary judgment in favor of the officers and the City, and Lombardo appeals. Having jurisdiction under 28 U.S.C. § 1291, we affirm.

I.

We recite the facts in the light most favorable to Lombardo, the non-moving party. Walton v. Dawson, 752 F.3d 1109, 1114 n.1 (8th Cir. 2014). On December 8, 2015, SLMPD officers arrested Gilbert on suspicion of trespassing and occupying a condemned building and for failing to appear in court for an outstanding traffic ticket. Arresting officers brought Gilbert to the "holdover," a secure holding facility within the SLMPD's central patrol station, and placed him in an individual cell.

Page 3

Gilbert was cooperative throughout the booking process and checked "no" to a question asking whether he had a medical condition of which the officers should be aware. While Gilbert was in the cell, the officers observed him engaging in unusual behavior, including waving his hands in the air, rattling the bars of his cell, throwing his shoe, and bobbing up and down. Officer Jason King then observed Gilbert tie an article of clothing around the bars of his cell and his neck. Officer King stated out loud that Gilbert appeared to be trying to hang himself. After overhearing Officer King's statement, Officer Joe Stuckey entered

Gilbert's cell but found Gilbert without any clothing tied to his neck. Officer Stuckey cuffed Gilbert's left wrist but before he could cuff Gilbert's right wrist, Gilbert began to struggle with Officer Stuckey as well as Officer Ronald DeGregorio and Sergeant Ronald Bergmann, who had entered the cell after Officer Stuckey. The officers brought Gilbert to a kneeling position over a concrete bench inside the cell and cuffed his right wrist. Gilbert began to struggle again and thrashed his head on the concrete bench, causing a gash on his forehead. Gilbert also kicked Officer Stuckey, after which Officer Stuckey left the cell and Sergeant Bergmann called for someone to bring in leg shackles.

Officer Paul Wactor brought the leg shackles to Gilbert's cell and assisted Officer King in shackling Gilbert's legs. Pursuant to a request made by Sergeant Bergmann, Officer King left the cell and radioed the dispatcher to request emergency medical services. Officer Stuckey left the holdover and yelled into the hallway, requesting assistance with a combative subject. The holdover alarm was also activated, which broadcasted that an officer was in need of assistance in the holdover. Officer Kyle Mack, one of the officers who responded to the alarm, entered the cell to find the officers struggling to control Gilbert, who was still crouched over the bench. Officer Mack relieved Officer DeGregorio by taking control of Gilbert's left arm. Exhausted, Officer DeGregorio left the cell to catch his breath. To better control Gilbert's movements, Officer Mack assisted the other officers in moving Gilbert from the bench to the prone position on the floor.

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After Gilbert was moved to the prone position, Officer Zachary Opel relieved Sergeant Bergmann by taking control of Gilbert's right side. Feeling winded from the struggle, Sergeant Bergmann left the cell. Officers Michael Cognasso, Bryan Lemons, and Erich vonNida also responded to Gilbert's cell to assist in bringing Gilbert under control as Gilbert continued to kick his shackled legs and thrash his body. Officer Cognasso put his knees on the back of Gilbert's calves, Officer Lemons placed his knee on Gilbert's leg, and Officer vonNida held Gilbert's arm or leg to prevent Gilbert from thrashing his body. Throughout the altercation, the officers controlled Gilbert's limbs at his shoulders, biceps, legs, and lower or middle torso.² While continuing to resist, Gilbert tried to raise his chest up and told the officers to stop because they were hurting him. After fifteen minutes of struggle in the prone position, Gilbert stopped resisting and the officers rolled him from his stomach onto his side. By this point, each of the named officers had participated in the effort to physically control Gilbert.

At some point while in the prone position, Gilbert had stopped breathing.³ Officer Mack rolled Gilbert onto his back and initially found a pulse in his neck but eventually was unable to find one. Gilbert was transported to the hospital where he was pronounced dead. Post mortem testing showed Gilbert had a large amount of methamphetamine in his system and significant heart disease. The St. Louis City Medical Examiner's autopsy report stated that the manner of death was accidental and

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that the cause of death was arteriosclerotic heart disease exacerbated by methamphetamine and forcible restraint. Lombardo presented a conflicting expert report, alleging that Gilbert's cause of death was forcible restraint inducing asphyxia.

Lombardo sued under 42 U.S.C. § 1983, alleging 20 counts against Bergmann, Cognasso, DeGregorio, King, Lemons, Mack, Opel, Stuckey, vonNida, and Wactor (collectively, the Officers) and the City. By the time the Officers and the City moved for summary judgment, the only counts remaining were the counts against each named police officer in his individual capacity for use of excessive force and the counts against the City for an unconstitutional policy resulting in a violation of Gilbert's constitutional rights and failure to train its officers amounting to deliberate indifference to the rights of persons with whom the police come into contact. The district court granted the Officers and City's motion for summary judgment on the basis of qualified immunity. The court found that there was no clearly established Fourth Amendment right against the use of prone restraint in this context at the time of the incident. The court also found that because the individual Officers were entitled to qualified immunity, the City could not be held liable for the unconstitutional policy and failure-to-train claims. Lombardo now appeals.

II.

Lombardo argues the district court erred in concluding the Officers were entitled to qualified immunity on the Fourth Amendment excessive force claim. "We review a district court's qualified immunity determination on summary judgment de novo, viewing the record in the light most favorable to [Lombardo] and drawing all reasonable inferences in her favor." Krout v. Goemmer, 583 F.3d 557, 564 (8th Cir. 2009). In making a qualified immunity determination, we apply a two-prong inquiry: "(1) whether the facts shown by the plaintiff make out a violation of a constitutional or statutory right, and (2) whether that right was clearly established at the time of the defendant's alleged misconduct." Mitchell v. Shearrer, 729 F.3d 1070, 1074 (8th Cir. 2013).

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We begin by addressing whether Lombardo has presented evidence from which a reasonable jury could conclude that the Officers violated Gilbert's Fourth Amendment right to be free from excessive force because it is dispositive of the case. Ashcroft v. al-Kidd, 563 U.S. 731, 735 (2011) ("[L]ower courts have discretion to decide which of the two prongs of qualified-immunity analysis to tackle first."). Lombardo argues the Officers used excessive force when they held the handcuffed and leg-shackled Gilbert in an asphyxiating, prone position within a secure holding cell. In determining whether an officer used excessive force, we apply an objective reasonableness standard. Ryan v. Armstrong, 850 F.3d 419, 427 (8th Cir. 2017). "We must assess the actions of each officer from the perspective of a reasonable officer on the scene, including what the officer knew at the time, not with the 20/20 vision of hindsight." Id. (internal citations and quotation marks omitted). We rely on several factors in making this determination:

the relationship between the need for the use of force and the amount of force used; the extent of the plaintiff's injury; any effort made by the officer to temper or to limit the amount of force; the severity of the security problem at issue; the threat reasonably perceived by the officer; and whether the plaintiff was actively resisting.

Id. (quoting Kingsley v. Hendrickson, 135 S. Ct. 2466, 2473 (2015)).

Viewing the facts in the light most favorable to Lombardo, we find that the Officers' actions did not amount to constitutionally excessive force. This Court has previously held that the use of prone restraint is not objectively unreasonable when a detainee actively resists officer directives and efforts to subdue the detainee. Id. at 427-28. In Ryan, law enforcement officers attempted to extract a detainee from his cell, which the detainee resisted. Id. at 424. Officers held the detainee down in the prone position and one officer twice deployed his taser in drive stun mode to allow the other officers to place the detainee's wrists and ankles in restraints. Id. In holding that this use of force was not excessive, this Court explained that "[a]mong

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the most important [factors] is the observation that [the detainee] was actively resisting the extraction procedure by ignoring directives to lie down on his bunk and resisting the [officers'] efforts to subdue him once they entered his cell." Id. at 428. Similarly, here, the undisputed facts show that the Officers discovered Gilbert acting erratically, and even though Gilbert was held in a secure cell, it was objectively reasonable for the Officers to fear that Gilbert would intentionally or inadvertently physically harm himself. Further, Gilbert actively resisted the Officers' attempts to subdue him. Indeed, Gilbert struggled with the Officers to such a degree that he suffered a gash to the forehead, and several of the Officers needed to be relieved throughout the course of the incident as they became physically exhausted from trying to subdue Gilbert.

Nonetheless, Lombardo argues that Ryan is not on point. Specifically, Lombardo argues that, unlike Ryan, in which the detainee was held in prone restraint for approximately three minutes until he was handcuffed, id., Gilbert was held in prone restraint for fifteen minutes and was placed in this position only after he had been handcuffed and leg-shackled. Lombardo also argues that she presented expert testimony that Gilbert's cause of death was forcible restraint inducing asphyxia whereas the undisputed cause of death in Ryan was sudden unexpected death during restraint. Id. at 424. We find these differences to be insignificant. This Court has previously noted that "[h]andcuffs limit but do not eliminate a person's ability to perform harmful acts." United States v. Pope, 910 F.3d 413, 417 (8th Cir. 2018), cert. denied, 140 S. Ct. 160 (2019). As discussed above, the undisputed facts show that Gilbert continued to violently struggle even after being handcuffed and leg-shackled. Specifically, after being handcuffed, he thrashed his head on the concrete bench, causing him to suffer a gash on his forehead, and he continued to violently thrash and kick after being leg-

shackled. Because of this ongoing resistance, the Officers moved Gilbert to the prone position so as to minimize the harm he could inflict on himself and others.

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The undisputed facts further show that the Officers held Gilbert in the prone position only until he stopped actively fighting against his restraints and the Officers. Once he stopped resisting, the Officers rolled Gilbert out of the prone position. Lombardo argues Gilbert's resistance while in the prone position was actually an attempt to breathe and an attempt to tell the Officers that they were hurting him. However, under the circumstances, the Officers could have reasonably interpreted such conduct as ongoing resistance. See Ehlers v. City of Rapid City, 846 F.3d 1002, 1011 (8th Cir. 2017) (finding irrelevant that a nonviolent misdemeanor was not in fact resisting because "he at least appeared to be resisting"). Finally, Lombardo's expert testimony that the use of prone restraint was the principal cause of Gilbert's death is less significant in light of Gilbert's ongoing resistance, his extensive heart disease, and the large quantity of methamphetamine in his system. See Hill v. Carroll Cty., Miss., 587 F.3d 230, 234 (5th Cir. 2009) (finding no excessive force where detainee was hog-tied and plaintiff presented expert testimony that the cause of death was positional asphyxia).

Accordingly, the Officers did not apply constitutionally excessive force against Gilbert. Having concluded that the facts presented do not make out a violation of Gilbert's constitutional rights, we need not evaluate the clearly established prong of the qualified immunity analysis. See Greenman v. Jessen, 787 F.3d 882, 887 & n.10 (8th Cir. 2015) (affirming the district court's grant of qualified immunity based on the constitutional violation prong even though the district court only reached the clearly established prong). We conclude the Officers are entitled to qualified immunity on Lombardo's excessive force claim.

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III.

Lombardo also argues the district court erred in granting the Officers and City's motion for summary judgment on the unconstitutional policy and failure-to-train claims. We review de novo a grant of summary judgment. Moyle v. Anderson, 571 F.3d 814, 817 (8th Cir. 2009). Lombardo argues that the City is liable under § 1983 because the City's policy for restraining citizens in holding cells is facially unconstitutional and caused a violation of Gilbert's rights and that the City's failure to train its officers or enact constitutional policies amounts to deliberate indifference to citizens' rights. However, "[w]ithout a constitutional violation by the individual officers, there can be no § 1983 or Monell . . . liability." Sanders v. City of Minneapolis, Minn., 474 F.3d 523, 527 (8th Cir. 2007). As discussed above, the Officers did not violate Gilbert's constitutional rights. Accordingly, the City cannot be held liable under § 1983.

IV.

For the foregoing reasons, we affirm.

Footnotes:

¹ The Honorable Noelle C. Collins, United States Magistrate Judge for the Eastern District of Missouri, to whom the case was referred for final disposition by consent of the parties pursuant to 28 U.S.C. § 636(c).

² During his deposition, Officer Cognasso stated that while Gilbert was in the prone position, the officers put weight on various parts of his body, including the "upper right side, and then there was, I believe, a lower or middle part of his torso." R. Doc. 77-11, at 4.

³ During his deposition, Officer Lemons confirmed that he had previously stated, "When the resisting stopped, we stood up. I noticed that he wasn't breathing" and later testified, "All I know is when he stopped breathing, we got up." R. Doc. 67-5, at 16-17. Lombardo argues this testimony shows that the officers did not remove Gilbert from prone restraint until after he stopped breathing.
