



DEPARTMENT OF PUBLIC SAFETY  
IMPACT OPERATION PLAN



Operation Date: _____		
Operation Location: _____		COUNTY: _____
Operation Type: _____		
Start Time: _____		End Time: _____
Synopsis: <i>(General Plan and Target of Operation)</i>		
Operation Supervisor(s): _____ _____ _____		Call Sign: _____ Call Sign: _____ Call Sign: _____
CAD # for Operation: _____		
Supervisor Contact #(s):	Cell: _____	Pager: _____
	Cell: _____	Pager: _____
	Other: _____	Other: _____
PROJECT COST CENTER: _____		<i>(Attach Overtime Form)</i>
ON-CALL COMMANDER		Contact Number(s): _____
Safety Officer will be responsible for Equipment and Communications checks.		
Safety Officer Designated: _____		
<b><u>DETAILED INFORMATION:</u></b>		
<b><u>Detail of Operation:</u></b> <i>(Describe target of operation, proposed plan, and community(s) impacted)</i>		
Crowd Size Anticipated: _____		



## DEPARTMENT OF PUBLIC SAFETY



### IMPACT OPERATION PLAN

**SPECIALTY TEAMS:**☐ K-9☐ Other:☐ Tactical☐ Motors☐ Other:☐ E.O.D.☐ E.R.T.

Point of Contact:

#:

Misc:

**EQUIPMENT:**

**\*Weapons, ammo, and equipment checks WILL be conducted at briefing\***  
**"STANDARD ISSUE EQUIPMENT (Baton, Cuffs, Mace, Etc.) ARE MANDATORY AT ALL TIMES UNLESS OTHERWISE DIRECTED"**

Specific Need(s):

☒ Recorder(s)☐ Protective Clothing☐ Other:☐ Tazer☐ Traffic Control Equip.☐ Gloves☐ Helmet(s)☐ Other:☐ Unmarked Cars #

Misc:

**Safety Officer Conducted 'Checks'?** ☐ Yes**COMMUNICATIONS:**

Primary Frequency: \_\_\_\_\_

Secondary Frequency: \_\_\_\_\_

HANDHELD CHANNEL: \_\_\_\_\_

Designated Repeater Car: \_\_\_\_\_

\*All Other Units – ENSURE your repeater is turned 'OFF'

**All Units on CAD?**☐ YES**INJURIES:**

FIRE/EMS – '911'

Hospital #: \_\_\_\_\_

Emergency Room #: \_\_\_\_\_

Additional Information? \_\_\_\_\_

**INTOXICATED Persons**

Location of IR 8000: \_\_\_\_\_

Towing company on call? \_\_\_\_\_

**Policy Statement:** Intoxicated persons ordered to leave the event shall NOT be allowed to leave in their vehicle. SEEK alternatives – friends, taxi, detox, ride home, etc.

**TARGET IDENTIFICATION / HISTORY / CAUTION****Target #1 ID:**

(Name, DOB, SOC, HT, WT, ETC.)

**Target #2 ID:**

(Name, DOB, SOC, HT, WT, ETC.)

**Target #3 ID:**

(Name, DOB, SOC, HT, WT, ETC.)

**Target #4 ID:**

(Name, DOB, SOC, HT, WT, ETC.)

**WARRANT(S) CONFIRMED?** ☐**CRIMINAL HISTORIES CHECKED?** ☐**\*\*\*\*\*BASIS FOR CAUTION? ☐\*\*\*\*\***

(Describe in DETAIL any target's history of assault, battery, weapons offenses, incarceration history, etc.)

**Explain:**



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IMPACT OPERATION PLAN



**OTHER OFFICER SAFETY ISSUES**

(Describe in *DETAIL* any other officer safety issues – neighborhood, current intelligence, etc.)

**Explain:**

**ASSIGNMENT(S):**

\*Designate TEAM LEADERS First, if used.

<i>Officer/Agent:</i>	<i>Assignment:</i>	<i>Team #:</i>	<i>Call Sign:</i>
1.			
2.			
3.			
4.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

**Undercover/Plainclothes Personnel:**\*Ensure Uniformed personnel can identify any and all plainclothes, armed personnel involved in the event/incident. (Consider 'Code Word' or 'Color of the Day')


**Other Law Enforcement Personnel:**\*Identify personnel not directly involved in the operation, but may be providing support of the overall operation (i.e. PIO, traffic control, etc.)

1.
2.
3.

**ATTACH ANY NEEDED MAPS, DIAGRAMS, ETC.**



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#### DECONFLICTION/COORDINATION

-Additional Dispatch Needed? ☐ Yes ☐ No Date Assigned: \_\_\_\_\_  
-Ops Plan cc'd to all commissioned supervisors: Date \_\_\_\_\_

**IS THERE ANY EVENT OR OPERATION THAT MAY CONFLICT WITH, OVERLAP, OR AFFECT THIS OPERATION?** ☐ Yes ☐ No (consider non LE events – construction, repairs, special assignments, dignitary visits, etc.)

-Event Name: \_\_\_\_\_ Event Supervisor: \_\_\_\_\_ Contact #: \_\_\_\_\_

**USE OF FORCE:** Refer to DPS Policy OPR:01, Use of Force

**DOCUMENTATION:** All use of force incidents WILL be documented on an Offense/Incident Report and a Use of Force form and the event supervisor shall be notified. The use of force should be accompanied by a custodial arrest of the aggressor. All arrests shall be documented on an Offense/Incident Report.

Use of Force Policy Read and Explained? ☐ Yes

#### **APPROVAL:**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Signature of Event Supervisor \_\_\_\_\_

(Print Name)

#### **IMPACT OPERATION PROPOSAL**

Operation # \_\_\_\_\_ IB Zone (n/s) \_\_\_\_\_ Date \_\_\_\_\_

Estimated Cost (\$33/Hr.) \$ \_\_\_\_\_ Estimated Per Diem (\$85/Day) \$ \_\_\_\_\_

**\*Approving Supervisor's Comments and/or Modifications:**

#### **IMPACT OPERATION REPORT**

Did All of the Above Noted Personnel Participate? ☐ Yes ☐ No

If NO, List All Department Personnel Who Did NOT Participate:

Did the operation impact the intended target/group/area/pattern/activity? ☐ Yes ☐ No

#### **\*Explain:**

List Case Numbers or CAD Numbers Generated As A Result of This Operation:

#	Entered Into Database?	<input type="checkbox"/>
#	Entered Into Database?	<input type="checkbox"/>
#	Entered Into Database?	<input type="checkbox"/>
#	Entered Into Database?	<input type="checkbox"/>
#	Entered Into Database?	<input type="checkbox"/>

(Additional)



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ACTIVITY			
# Misd. Arrests:	(608)	# Felony Arrests:	(607)
# Narc. Misd. Arrests:	(605)	# Narc. Felony Arrests:	(606)
# Seized Firearms/Value:	# /\$ (613)	# Search Warrants:	(620)
# Recovered Stolen Vehicles and Value	# /\$ (701/702)		
# Recovered Stolen PROPERTY/ Value:	# /\$ (716)		
Weight and Value of Marijuana Seized:	# /\$ (717)	Other Narc. Activity:	
Weight and Value of Cocaine Seized:	# /\$ (718)		
Weight and Value of Heroin Seized:	# /\$ (719)		
Weight and Value of Meth Seized:	# /\$ (720)		
# of GANG Members ID'd / Field ID Cards Completed:			
Other Activity:			
Did the project result in the identification of other potential groups/areas/patterns or activity in the area?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, Explain:			
<b>*Other Intel Captured:</b>			
Submitted By:		Date:	
Received By:		Date:	
Entered Into Tracking? <input type="checkbox"/>			

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