



Enter Organizational Unit Name Here

OAKLAND POLICE DEPARTMENT

Operations Plan

TF-3116 (Rev. Dec 10)

Risk Assessment Overview Prepared and Attached

(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)

Table with 4 columns: Date of Operation, Time of Operation, Incident Number, RD Number. Rows include Prepared By, Supervisor, Investigator, Tactical Commander, Incident Commander, each with Serial No., Contact Number #1, and Contact Number #2.

Table with 4 columns: Briefing Date, Time, Location, Conducted By. Row 2: Staging Date, Time, Location, (shaded cell).

TYPE OF OPERATION

Table with 4 columns of checkboxes for various operation types: Buy Bust, Search Warrant, Probation Search, 290 Enforcement, etc.

TARGET LOCATION

Form with fields for Address, City, Jurisdiction, Describe Location, Site Security, Counter Surveillance, and Other Info (Urban, Suburban, Rural, Perimeter Gate, Security Door, Wood Door, Steel Door, Other).

OTHER INFORMATION

Table with 3 columns of checkboxes for other information: Handguns, Physical Fortification(s), Gang Affiliation, etc.



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Operations Plan

TF-3116 (Rev. Dec 10)

SUSPECT #1 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			
Suspect Known To Be Armed <input type="checkbox"/> Yes <input type="checkbox"/> No				Photograph Attached <input type="checkbox"/> Yes <input type="checkbox"/> No				

CRIMINAL HISTORY (Arrests and Convictions)

<input type="checkbox"/> Felony Arrests	<input type="checkbox"/> Felony Convictions	<input type="checkbox"/> History of Violence
<input type="checkbox"/> 3 Strike Candidate	<input type="checkbox"/> Gang Member	<input type="checkbox"/> Probation/Parole
Felony Convictions:		
Misdemeanor Convictions:		
Arrests:		
Probation/Parole:		
Other:		

SUSPECT VEHICLE(S)

Year	Make	Model	Body Style	Color	Plate
Year	Make	Model	Body Style	Color	Plate
Year	Make	Model	Body Style	Color	Plate
Year	Make	Model	Body Style	Color	Plate

ADDITIONAL INFORMATION

Mental Illness / Type Select One /	Substance Abuse / Type Select One / If Yes, select one /	Specialized Training / Type Select One / Select One /
Gang Affiliation / Name of Gang Select One /	Anti-Government Select One	Other



Enter Organizational Unit Name Here

OAKLAND POLICE DEPARTMENT

Operations Plan

TF-3116 (Rev. Dec 10)

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			
Suspect Known To Be Armed <input type="checkbox"/> Yes <input type="checkbox"/> No				Photograph Attached <input type="checkbox"/> Yes <input type="checkbox"/> No				

CRIMINAL HISTORY (Arrests and Convictions)

<input type="checkbox"/> Felony Arrests	<input type="checkbox"/> Felony Convictions	<input type="checkbox"/> History of Violence
<input type="checkbox"/> 3 Strike Candidate	<input type="checkbox"/> Gang Member	<input type="checkbox"/> Probation/Parole
Felony Convictions:		
Misdemeanor Convictions:		
Arrests:		
Probation/Parole:		
Other:		

SUSPECT VEHICLE(S)

Year	Make	Model	Body Style	Color	Plate
Year	Make	Model	Body Style	Color	Plate
Year	Make	Model	Body Style	Color	Plate
Year	Make	Model	Body Style	Color	Plate

ADDITIONAL INFORMATION

Mental Illness / Type Select One /	Substance Abuse / Type Select One / If Yes, select one /	Specialized Training / Type Select One / Select One /
Gang Affiliation / Name of Gang Select One /	Anti-Government Select One	Other



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OAKLAND POLICE DEPARTMENT

Operations Plan

TF-3116 (Rev. Dec 10)

Select One #3 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			
Suspect Known To Be Armed <input type="checkbox"/> Yes <input type="checkbox"/> No				Photograph Attached <input type="checkbox"/> Yes <input type="checkbox"/> No				

CRIMINAL HISTORY (Arrests and Convictions)

<input type="checkbox"/> Felony Arrests	<input type="checkbox"/> Felony Convictions	<input type="checkbox"/> History of Violence
<input type="checkbox"/> 3 Strike Candidate	<input type="checkbox"/> Gang Member	<input type="checkbox"/> Probation/Parole
Felony Convictions:		
Misdemeanor Convictions:		
Arrests:		
Probation/Parole:		
Other:		

SUSPECT VEHICLE(S)

Year	Make	Model	Body Style	Color	Plate
Year	Make	Model	Body Style	Color	Plate
Year	Make	Model	Body Style	Color	Plate
Year	Make	Model	Body Style	Color	Plate

ADDITIONAL INFORMATION

Mental Illness / Type Select One /	Substance Abuse / Type Select One / If Yes, select one /	Specialized Training / Type Select One / Select One /
Gang Affiliation / Name of Gang Select One /	Anti-Government Select One	Other



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OAKLAND POLICE DEPARTMENT

Operations Plan

TF-3116 (Rev. Dec 10)

Select One #4 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			
Suspect Known To Be Armed <input type="checkbox"/> Yes <input type="checkbox"/> No			Photograph Attached <input type="checkbox"/> Yes <input type="checkbox"/> No			

CRIMINAL HISTORY (Arrests and Convictions)

<input type="checkbox"/> Felony Arrests	<input type="checkbox"/> Felony Convictions	<input type="checkbox"/> History of Violence
<input type="checkbox"/> 3 Strike Candidate	<input type="checkbox"/> Gang Member	<input type="checkbox"/> Probation/Parole
Felony Convictions:		
Misdemeanor Convictions:		
Arrests:		
Probation/Parole:		
Other:		

SUSPECT VEHICLE(S)

Year	Make	Model	Body Style	Color	Plate
Year	Make	Model	Body Style	Color	Plate
Year	Make	Model	Body Style	Color	Plate
Year	Make	Model	Body Style	Color	Plate

ADDITIONAL INFORMATION

Mental Illness / Type Select One /	Substance Abuse / Type Select One / If Yes, select one /	Specialized Training / Type Select One / Select One /
Gang Affiliation / Name of Gang Select One /	Anti-Government Select One	Other



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MISSION

Mission

Case Background / Intelligence

Evidence Anticipated

Perimeter Plan

Approach Plan



Enter Organizational Unit Name Here

Entry Plan

Search Plan

Rules Of Engagement

Sub-Team Mission



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NEAREST HOSPITAL

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

CONTINGENCY PLANS



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SUB-TEAM MISSION

Animal Control Services Needed? [] Yes [] No - If yes, staging location: _____

Police Canine Needed? [] Yes [] No - If yes, staging location: _____

EMS On-Scene Stand-by? [] Yes [] No - If Yes, staging location: [Red Box]

NOTIFICATIONS

Area Commander Notification: When applicable, outside agencies shall be notified of Operations, especially those involving undercover personnel. A record of these notifications shall be made below:

Table with 6 columns: Unit/Agency, Person Notified, Date Notified, Time Notified, Contact Number, Other Info. Rows include Area 1-3 Commander, Comm. Div. Supv., North County Jail, Alameda PD, ACSO, Berkeley PD, CHP, Emeryville, San Leandro, and empty rows.

COMMUNICATIONS AND CONTROL

Dispatcher/Recording Required? [] Yes [] No Dispatcher:
Primary Frequency: Secondary Frequency:
PIO Needed? [] Yes [] No If yes, Name of PIO:
Arrest/Bust Signals Discussed to include: Audible; Visual; Trouble (Audible); Trouble (Visual); Other. [] Yes [] No



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TF-3116 (Rev. Dec 10)

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 required from commander authorizing more than 8:1 ratio:				Actual Ratio:	SIGNATURE	
				Supervisor		
Signature required from commander authorizing more than 8:1 ratio:				Actual Ratio:	SIGNATURE	
				Supervisor		
Signature required from commander authorizing more than 8:1 ratio:				Actual Ratio:	SIGNATURE	



Enter Organizational Unit Name Here

				Supervisor		

Signature required from commander authorizing more than 8:1 ratio:	Actual Ratio:	SIGNATURE
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				Supervisor		

Signature required from commander authorizing more than 8:1 ratio:	Actual Ratio:	SIGNATURE
--	---------------	-----------

				Supervisor		

Signature required from commander authorizing more than 8:1 ratio:	Actual Ratio:	SIGNATURE
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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

A large, empty rectangular box intended for entering additional operations information.



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Operations Plan

TF-3116 (Rev. Dec 10)

RISK ASSESSMENT OVERVIEW

GENERAL RISK INFORMATION

LOCATION	YES	NO
Urban	<input type="checkbox"/>	<input type="checkbox"/>
Rural	<input type="checkbox"/>	<input type="checkbox"/>
Daylight	<input type="checkbox"/>	<input type="checkbox"/>
Dark	<input type="checkbox"/>	<input type="checkbox"/>
Residential	<input type="checkbox"/>	<input type="checkbox"/>
Commercial	<input type="checkbox"/>	<input type="checkbox"/>

INFORMATION ASSESSMENT	YES	NO
Confidential Informant	<input type="checkbox"/>	<input type="checkbox"/>
Concerned Citizen	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Reliability Factor:	Select %	

RISK ASSESSMENT CALCULATION

(a) Criminal History	(b) 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 Commander/Leader Consultation						Total	0

(a) Weapons Assessment	(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
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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Risk Assessment Overview
 TF-3115 (Rev. Dec 10)

(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					
Criminal History					0
Other Factors					0
Weapons Assessment					0
Site Assessment					0
GRAND TOTAL*					0

* Assessment must also consider the time factor. The less time available for planning, the higher the risk factor.

- 01 – 24 Pts Optional Tactical Team Consultation
- 18 – 24 Pts Consider Tactical Team Consultation
- 25 + Pts Recommended Tactical Team Consultation

Tactical Team Callout Yes 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 Overview (if prepared)
- Pre-Incident Operations Plan
- Search Warrant documentation reviewed and approved (if applicable)

Reviewing Commander's Signature	SIGNATURE REQUIRED	Date:
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DEBRIEFING / AFTER ACTION REPORT

Debrief (Location TBD by Incident Commander)	Conducted By:	Date:	Time:
After Action Report (if required by Incident Commander) – Prepared By:			

COPIES FORWARDED TO:

<input type="checkbox"/> BOI D/C	Date:	By:
<input type="checkbox"/> BFO D/C	Date:	By:
<input type="checkbox"/> BOS D/C	Date:	By:
<input type="checkbox"/> OIG	Date:	By:
<input type="checkbox"/> Other:	Date:	By:
<input type="checkbox"/> Other:	Date:	By:
<input type="checkbox"/> Other:	Date:	By:
