



OFFICE OF THE DISTRICT ATTORNEY
Milwaukee County

JOHN T. CHISHOLM · District Attorney

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Chief Dennis Nasci
West Milwaukee Police Department
4755 West Beloit Road
West Milwaukee, WI 53214

RE: Incident involving Adam Trammell, Corporal Michael Rohleder and Officer Anthony Munoz at 5410 West Greenfield Avenue, West Milwaukee, WI on May 25th, 2017

Dear Chief Nasci:

I reviewed the investigative reports and materials related to the West Milwaukee Police Department's response to a call for assistance from residents at an apartment complex located at 5410 West Greenfield Avenue on May 25th, 2017. West Milwaukee Police were asked to investigate a situation involving Mr. Adam Trammell and a suspicion that he was suffering a mental health crisis. Ultimately, Mr. Trammell died after the encounter and after receiving medical intervention from the Milwaukee Fire Department. The Medical Examiner determined the cause of death to be excited delirium and the manner to be undetermined.

The Greenfield Police Department investigated this incident pursuant to the protocol for the Milwaukee Area Investigative Team. I base my decision on that investigation and the Medical Examiner's determination as well as extensive additional examination that was done at my request and the request of Mr. Trammell's family. This included reviewing the available body camera footage, reviewing Taser reports, talking to medical experts and use of force experts, and reviewing use of force training policies involving the deployment of electronic control devices. I conclude that there is no basis to conclusively link Mr. Trammell's death to actions taken by the police officers.

INVESTIGATIVE REPORT OF INCIDENT

The following is a summary taken substantially from the report prepared by the Greenfield Police Department with some points of clarification:

Early on the morning of May 25th, 2017, the West Milwaukee Police Department received a 911 call transferred from the Milwaukee County Sherriff's Department reporting a person standing naked in the hallway of the apartment building located at 5410 West Greenfield Avenue in the Village of West Milwaukee, Wisconsin.

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The person calling stated they believed the young man was having what they called a "psychotic break", and that the individual was reported as being naked standing in the hallway. (The person described was later determined to be Adam Thomas Trammell, DOB 12/17/94).

Three West Milwaukee Police Department officers responded, Corporal Michael Rohleder, Officer Anthony Munoz and Officer Danielle Engen, and they were told that Trammell had gone back into the apartment identified as apartment #21. The officers were further told Trammell was talking about the devil and his brother.

When the officers arrived at that apartment Officer Munoz knocked and announced his presence on apartment door #21 but they did not get any answer or response from Trammell. A female resident of the apartment building told Officer Munoz she was concerned for Trammell because he said he was going to hurt himself. In addition to that information they learned from a resident in the apartment directly below apartment #21 that water was running from Trammell's apartment down into their apartment. When they received no response from Trammell, and after learning it would take 25 minutes for a key-holder to arrive, Corporal Rohleder decided they needed to make entry into apartment. Corporal Rohleder said he could hearing the sound of water running and sloshing around coming from inside the apartment. Corporal Rohleder used a tool commonly referred to as a ram to breach and open the apartment door. Officer Munoz, Corporal Rohleder, and Officer Engen entered the apartment in an attempt to locate Trammell.

When the apartment door was first breached, Corporal Rohleder said both he and Officer Munoz announced "Police". Officer Munoz was the first officer to enter the apartment, and he removed his Electronic Control Device (Taser), as he searched. When they entered the apartment they walked directly towards the bathroom where they heard the sound of the water running. Upon entering the bathroom, the curtain for the shower was closed. The bathroom is a small room, consisting of a sink, toilet commode and bathtub with a shower. Because of the limited space, Officer Munoz and Corporal Rohleder were in the bathroom with Officer Engen standing outside the bathroom door.

Officer Munoz observed a person in the shower with the curtain closed and gave commands for him to show his hands. There was no response and Officer Munoz opened the shower curtain to discover Trammell standing in the shower naked. At the time Trammell was chugging a liquid from a clear plastic jug. Officer Munoz immediately recognized Trammell was much larger in stature than himself.

Officer Munoz reported he tried to engage Trammell in dialog, but Trammell did not respond, instead just stared at him. Officer Munoz reached in to touch Trammell to try to get his attention and Trammell's response was to push Officer Munoz with an open hand striking Officer Munoz's forearm. Officer Munoz said some of the liquid from the container Trammell was drinking from had splashed on him at which time Officer Munoz realized Trammell was drinking hot water.

Officer Munoz pointed his taser at Trammell, giving commands. Corporal Rohleder said he could not understand what Trammell was saying other than occasionally Trammell said,

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"Jesus". Trammell did not respond to the verbal commands and Officer Munoz deployed his taser, one of the probes struck Trammell in the chest (the video shows a probe in his upper right thigh and lower right abdomen). Trammell fell back into the tub. During the five second cycle of the taser, it seemed to be effective.

At the end of the taser cycle deployed by Officer Munoz, Trammell began to get up again and Officer Munoz deployed a second five second cycle from the taser. Officer Munoz and Corporal Rohleder attempted to gain control of Trammell through the use of the taser. Trammell fell back into the tub at one point during a taser cycle and Corporal Rohleder tried to handcuff Trammell. Corporal Rohleder reported he was not able to get Trammell into a position to handcuff him with his arms behind his back and ended up handcuffing Trammell arms in front of him.

Corporal Rohleder said both he and Officer Munoz tried to grab hold of Trammell to remove him from the bathtub, however, they were met with strong resistance. Corporal Rohleder said Trammell thrashed and he described Trammell as very strong.

Trammell continued to resist any efforts to take him into custody and remove him from the residence. While trying to remove Trammell, Officer Munoz was partially pulled into the tub by Trammell. Trammell had put his leg over Officer Munoz as Officer Munoz was now down on his knees. Officer Munoz was being held down by Trammell when Trammell put his leg over Officer Munoz. Officer Munoz feared being either knocked out or otherwise injured by Trammell. Officer Munoz said that while trying to disengage from this position, Trammell tried to bite Officer Munoz's arm. Corporal Rohleder told Officer Munoz to try to deploy the taser again. Officer Munoz reported the taser was not effective. At some point, Trammell grabbed onto Officer Munoz's taser trying to pull it away from Officer Munoz. Officer Munoz called out that Trammell had a hold of his taser, at which point Corporal Rohleder deployed his taser. Trammell continued to struggle. As Trammell continued to physically struggle with Officer Munoz and Corporal Rohleder both tasers ended up on the floor. Officer Engen had not been able to get into the bathroom when Officer Munoz and Corporal Rohleder were struggling to take control of Trammell. During the time Officer Munoz and Corporal Rohleder were engaged with Trammell, the bathroom door had closed.

Officer Engen was able to get access into the bathroom at this point. Officer Engen handed Corporal Rohleder her taser which Corporal Rohleder deployed on Trammell. Trammell stopped fighting during this deployment of the taser. The West Milwaukee Officers recognized they would not be able to control Trammell on their own and that the taser deployments were not completely effective. The officers retreated from the bathroom back out to the common hallway. Trammell remained in the apartment.

When Corporal Rohleder left the apartment, he maintained the last taser deployment on Trammell. It was decided that they would contact additional officers to assist them. At the same time the fire department was requested to respond to this location. At 5:17AM Milwaukee Fire Department was contacted to respond and stage. At 5:18AM, West Allis Police Department officers began to respond to the apartment building. In retreating from the bathroom, Officer Munoz was able to remove the bathroom door from the hinges by removing the hinge pins. The officers waited in the hallway for the West Allis Police Officers

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to arrive and assist them in taking Trammell into custody and controlling him. At approximately 5:23 AM on 05/25/17 West Allis Officers started arriving at the apartment building and meeting up with the West Milwaukee Police Officers who were staged in the common hallway outside of Trammell's apartment. West Allis Police Officer John Kleinfeldt was one of the first officers to arrive and meet with the West Milwaukee Police Officers. Officer Kleinfeldt recognized Trammell was in immediate need of medical attention, believing based on his training and experience, Trammell may be experiencing what is commonly referred to as excited delirium. As additional West Allis Police Officers and a supervisor arrived on scene, they included Sergeant Anthony Spath, Officer Matthew Jacobsen, Officer Bret Vanden Boogard, Officer Adam Stikl, Officer Michael Otto, and Officer Jesse Fletcher.

At 5:24AM Milwaukee Fire Department arrived at the apartment building which included Paramedic Unit #3. Officers devised a plan to enter the apartment and try to remove Trammell from the apartment in order to get him to the waiting Milwaukee Fire Department ambulance which was staged outside of the apartment building. It was decided that they would attempt to use empty hand control measures meaning they were going to try to control Trammell by taking control of him without using any other tools other than their hands. A combination of West Allis and West Milwaukee Officers entered the apartment and located Trammell who was still in the tub in the bathroom. As they were attempting to grab onto Trammell to remove him from the tub and ultimately remove him from the apartment, Trammell again began to physically resist their efforts. At one point Trammell had grabbed onto one of the officer's legs at which point the officer struggled to free himself. The officer ended up using a direct strike to Trammell's face attempting to get Trammell to release his hold of him. The one blow did affectively allow the officer to release himself from Trammell's grip which had loosened.

The officers were able to pick up and carry Trammell out of the tub ultimately out of the apartment and into the common hallway. Officers were controlling Trammell's extremities meaning his legs and arms carrying him out of the apartment. By the time they reached the common hallway, Trammell was now vomiting, along with continuing to struggle with the officers. The officers set Trammell down onto the floor and put him on his right side controlling his limbs along with trying to control his head so that his airway would not become obstructed because Trammell continued to vomit. Milwaukee Fire Department personnel had been staged outside of the apartment building. Milwaukee Fire personnel were requested to respond to the second floor common hallway area. Officers were still trying to maintain control of Trammell.

At 5:40AM, the Fire Department personnel arrived on the second floor common hallway and had contact with Trammell. The initial assessment of Trammell found he was combative and confused. Milwaukee Fire Paramedic administered ketamine in an effort to calm Trammell enough so that they could get him into an ambulance and transport to a hospital. Officers held onto and monitored Trammell after the medication had been administered.

Trammell eventually did begin to relax and his breathing began to slow. Officers continued to monitor Trammell, however, at one point Trammell stopped breathing. Officers discovered he had a rapid heartbeat, however, he was not breathing. By this time, a portable cot was at

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their location and they were able to put Trammell on the cot, carrying him out to the ambulance. Trammell was eventually transported to Froedtert Hospital where he was pronounced deceased at 6:32AM.

A subsequent initial examination of Trammell by a Medical Examiner Investigator Amy Michalak about 7:45AM discovered his body temperature was still registering 103.6 degrees.

ELECTRONIC CONTROL DEVICE DEPLOYMENT

During the investigation the Greenfield Police Department downloaded the logs of the three respective Electronic Control Devices (ECD's or taser). Using the body camera footage from the West Milwaukee Officers, the ECD logs and the time stamped dispatch logs, the investigators created an approximate list of the time and number of ECD deployments that occurred during the encounter. It was determined that between approximately 5:06 am and 5:15 am officers deployed three separate ECD's that were cycled or discharged 15 times. It was not possible to determine whether an electrical charge was conveyed to Mr. Trammell with each deployment, but in at least half of the logged deployments, Mr. Trammell has an overt physical reaction, evidenced in some cases by observed muscular contraction (the first deployment for example) or by screaming. A properly deployed ECD is designed to create a temporary motor/nervous system overload that incapacitates the person when both prongs of the device penetrate the target. In some cases, a single probe can also cause pain without muscular contraction. The body camera footage seems to indicate that Mr. Trammell was not incapacitated by all the deployments, as he continued to struggle with the officers throughout the encounter. It is possible, if not probable, that several of the probes were dislodged while struggling to remove Mr. Trammell from the bathtub. It is clear from the footage that his skin is wet and the space to operate very limited. The majority of the deployments occurred while officers Munoz and Rohleder were in direct contact with Trammell, but the final deployment by officer Rohleder occurred after the officers disengaged and went to the hallway to await help from West Allis. Officer Rohleder said this was not an intentional deployment, but occurred spontaneously when the West Allis Police asked him if the taser wires were still connected.

Both officer Munoz and Rohleder were questioned as to why they used the ECD's and both indicated that they believed they were dealing with a medical emergency and that medical personnel would not engage with Mr. Trammell until he was under control. Neither believed that other less-than-lethal methods were appropriate because they did not want to injure Mr. Trammell.

MEDICAL EXAMINER'S REPORT

Dr. Brian Linert conducted the forensic autopsy of Mr. Trammell and concluded that the cause of death was excited delirium and that the manner of death was undetermined. The full autopsy protocol is included in the investigative materials prepared by the Greenfield Police Department. It should be noted that the medical examiner was informed of the circumstances surrounding the use of both the electrical control devices and the administration of chemical

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agents during the encounter prior to reaching this conclusion. I also reviewed medical literature to include "*Can TAZER Electronic Control Devices Cause Cardiac Arrest*"? by Dr Douglas Zipes and a memo prepared by Dr Michael Freeman of Forensic Research+Analysis that assessed the "validity and reliability of "excited delirium" as a cause of death when other competing causes are present as well".

The full autopsy protocol and accompanying materials are attached and included in the investigative file prepared by the Greenfield Police Department.

POLICE TRAINING REGARDING THE USE OF ELECTRICAL CONTROL DEVICES

I reviewed the Wisconsin Department of Justice Defensive Arrest and Tactics guide for use of force and in particular the use of Electronic Control Devices. Page 168 of the manual describes the procedures to use when responding to medically significant behavior:

RESPONDING TO MEDICALLY SIGNIFICANT BEHAVIOR

If you are confronted with a subject who is displaying behaviors that suggest the possibility of an underlying medical problem, especially an imminently life-threatening one, managing the situation becomes more complex. Your immediate goals remain the same as always: to stabilize the scene and preserve life and evidence. How you accomplish these goals, however, may change.

An important point to remember is that at the center, what you are seeing is not so much a crime in progress-although criminal acts may be taking place-as it is a medical emergency in progress. If you recognize medically significant behaviors, especially those consistent with Excited Delirium, your priority must be the safety of all involved, *including the suspect*. Criminal prosecution can wait, but the medical emergency won't. ¹⁹

If a person is experiencing Excited Delirium or some other medical problem that is contributing to violent behavior, your response tactics should be geared to accomplish the following:

- Avoid increasing the subject's agitation or excitement
- Minimize physical struggles with the subject
- Minimize the use of restraints
- Get medical care for the subject as quickly as possible

Of course, your first priority is always safety-and your safety, your partner's safety, and the public's safety come first. If, however, circumstances allow, the following procedure may be helpful:

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1. Attempt to calm the subject, using verbal techniques from Crisis Management and Professional Communication.
2. Request backup and Advanced Life Support (ALS) EMS response (paramedics).
3. Weigh the need for immediate control against the risk to the subject.
4. Maximize the number of officers in hopes of minimizing the initial level of force.
5. Once EMS is on scene, use an Electronic Control Device to make it possible to approach the subject.
6. Have the paramedics administer a tranquilizer, in accordance with local protocols.
7. Contain the subject without restraints until he or she is calm.
8. Transport the subject to a hospital in an ambulance, using minimal restraints.

Of course, not every situation will allow this procedure. If the subject is posing an imminent threat of injury to someone, you cannot stand by while you wait for EMS to arrive. Nor will this procedure work if an ALS ambulance is not readily available (EMT-Basics and EMT-Intermediates cannot administer tranquilizing drugs). If the subject does not calm down and remains combative, you may need to use restraints. You certainly cannot place a combative patient in an ambulance without restraints-nor should an ambulance transport a restrained subject without an officer along who can remove the restraints if needed.

If the circumstances do not permit this procedure, use other customary practices to gain control of the subject.

When circumstances do make this procedure possible, however, following it can literally save lives. By recognizing medically significant behavior early and acting to allow quick medical intervention, you may be able to provide critical care and derail the "freight train to death."

¹⁹ From a PowerPoint by Michael D. Curtis, M.D.

ANALYSIS

I reviewed this incident with two factors in mind. First, did any of the actions taken by Officers Munoz or Rohleder *cause* the death of Adam Trammell under unlawful circumstances. Based on the determination by the medical examiner that the cause of death was excited delirium and the manner of death undetermined, I do not believe there is a sufficient factual or legal basis to believe that either officer's actions were a direct or indirect factor in his death.

The second question follows from the first. Did the officer's conduct, even if it cannot be shown to have led to Mr. Trammell's death, become *abusive* at some point in the encounter.

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The officer's purpose in restraining Mr. Trammell and the deployment of control devices was to secure medical attention for him. They were not acting in a capacity to stop imminently dangerous behavior directed at themselves or others. Responding as a first-line community caretaker of a mentally ill person who needs medical intervention is fundamentally different than stopping a dangerous person from committing a crime, but in some circumstances forceful restraint is required. If they reasonably believed based on their training that Mr. Trammell faced an acute medical crisis that required attention, they had an obligation to secure that medical attention. If under the circumstances, restraint was required prior to getting the medical attention, then the question is whether the restraint was reasonable under the totality of circumstances.

Objectively, the officers were confronted with a very complex problem. Mr. Trammell was naked, wet, unable to communicate, and in an extremely restricted space. Whether one accepts the concept of excited delirium or not, it is a condition police are trained to look for and taught to treat as a serious risk of death for the person exhibiting those signs. Mr. Trammell's behavior was consistent with what is trained to be the signs of excited delirium. He was also a physically large person and his actions were resistive, at least to the extent that he could not understand what was happening to him or why it was happening.

The question of reasonableness necessarily focuses on the number of times the officers attempted to use the ECD's. Because the physical location of the encounter was so constrained that it only allowed for the presence of two officers, and the fact that Mr. Trammell was wet, naked, in an acute mental crisis, he could not respond to verbal communication and resisted efforts to restrain him, the only reasonable restraint available to the officers that offered a middle-ground between doing nothing and escalating force appears to be the ECD. If they did nothing, Mr. Trammell risked serious harm. If they used a baton he risked serious harm. Traditional arm holds and restraints were difficult or impossible. The ECD's were deployed over a 9-10 minute period when the officers were in direct contact with him (except the last one). During the struggles, two of the ECD's were dropped or no longer in contact with Mr. Trammell. It is difficult to determine how many times an actual shock was delivered because the deployments were interrupted by attempts to restrain Mr. Trammell—unsuccessfully. The only times that can be clearly observed result in Mr. Trammell screaming in pain, but did not result in compliance.

To support a finding of criminal culpability in these circumstances I would have to demonstrate that the officers *intentionally* or *negligently* subjected Mr. Trammell to abuse under circumstances that were likely to cause bodily harm. There is no evidence to support the officers intended to harm Mr. Trammell. To show criminal negligence, I would have to demonstrate negligence to a high degree, consisting of conduct that the officer's realized created a substantial and unreasonable risk of harm. In addition, I believe that I would have to demonstrate that their actions were not privileged under §939.45.

In my professional opinion there is not sufficient evidence of either intentional or negligent abuse to support a finding of guilt.

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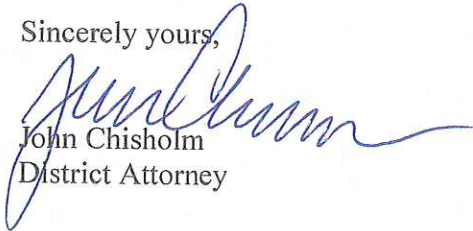
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CONCLUSION

Corporal Rohleder and Officer Munoz responded to a medical emergency under complex circumstances that required them to attempt restraint. Under all the circumstances I find their actions did not violate the law and will close this review.

Sincerely yours,

A handwritten signature in blue ink, appearing to read "John Chisholm", written over the typed name and title.

John Chisholm
District Attorney

JC/sks

cc: Chief Deputy District Attorney Kent Lovern