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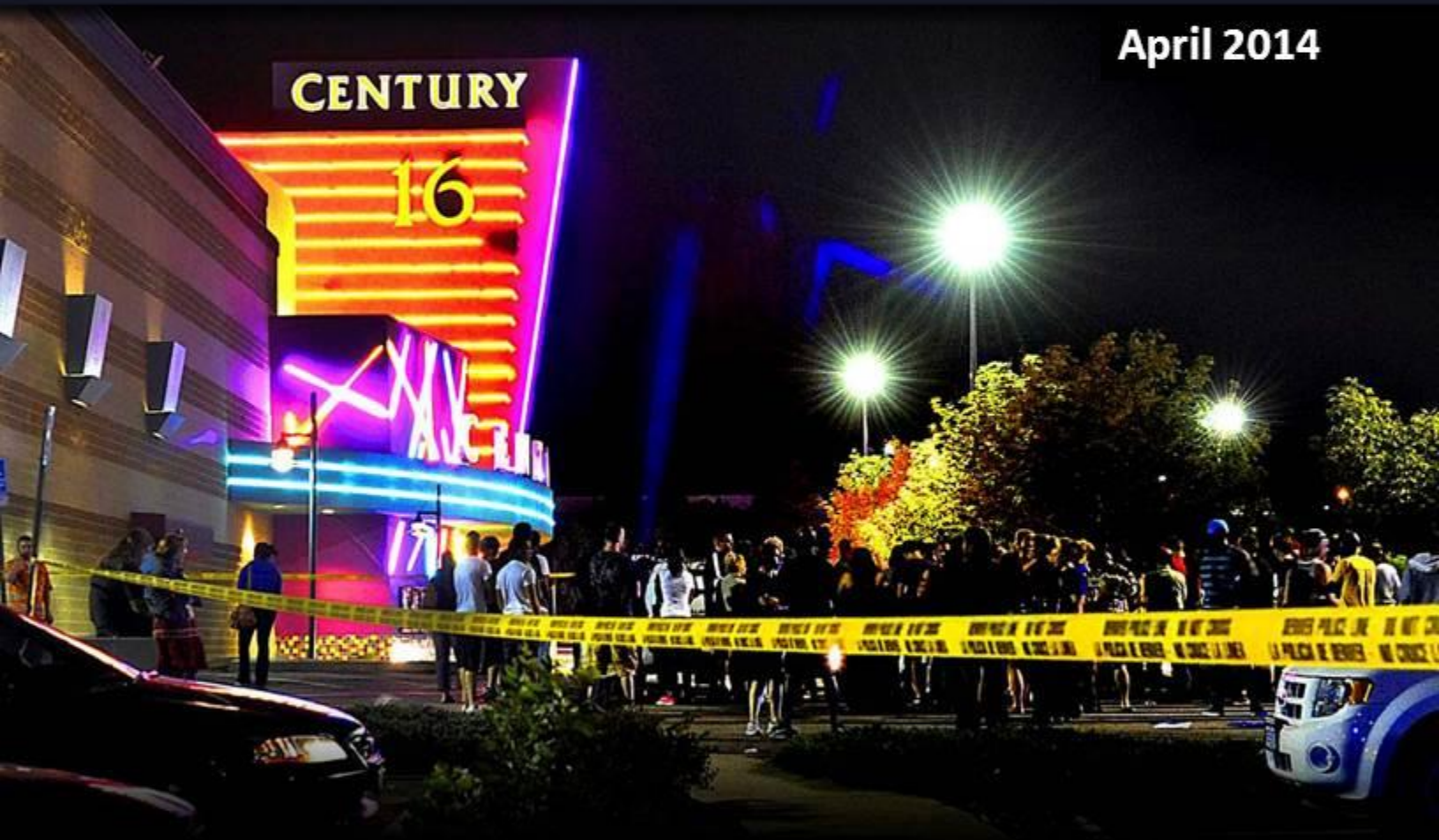
AURORA CENTURY 16 THEATER SHOOTING

AFTER ACTION REPORT FOR THE CITY OF AURORA

April 2014



SYSTEM PLANNING CORPORATION

TriData Division

Aurora Century 16 Theater Shooting
After Action Report for the City of Aurora, Colorado

CONFIDENTIAL

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FOREWORD

The City of Aurora chose to conduct an independent after action review (AAR) of its response to the July 20, 2012 mass shooting at the Century 16 Theater movie complex, and the associated threat of explosive devices at the shooter's apartment on Paris Street. The City competitively selected TriData Division, System Planning Corporation, to undertake the review. TriData had completed over 50 after action reviews of major emergency incidents, including previous mass shootings at Virginia Tech, Northern Illinois University, and Columbine High School in Littleton, Colorado.

Scope

The After Action Review started in May 2013, almost a year after the incident. The delay was due to a court-imposed gag order on information connected with the case, which had not yet come to trial. The case still had not yet come to trial during this review, which confined the scope to the response, and not the investigation or background of the shooter.

The review focused primarily on the response of the City's emergency forces during the first three days, including actions by police, fire and emergency medical services (EMS), private ambulances, hospitals, public safety communications, and public information personnel. Also included was the first week of family and victim assistance, assistance to first responders, and healing support for the community. The roles played by regional and national agencies and other city departments were reflected in the review.

The investigation of the crime itself was largely outside the scope of the review, except for initial steps taken to gather and organize theater witnesses, and the actions of the coroner. The shooter's background and motivation were outside the scope, as was the issue of preventing these types of incidents.

The charge to the team was to first describe the event and actions taken by the City's emergency personnel, then to evaluate what was done, draw lessons learned, and make recommendations for the future. The project team was also to review measures taken by the City after the incident to improve future emergency responses.

The report attempts to make a reasonable compromise between level of detail and readability. The goal was to provide a sufficiently detailed description of events so that readers would understand the key aspects. In some cases, details were withheld out of concern that they might be too useful to future perpetrators.

Some timeline information is provided in each chapter to help the reader understand the flow of events. The Appendix has a detailed combined timeline developed by the Aurora Police Department that is based largely on radio transmissions, telephone recordings, the automated vehicle location system, and interviews of participants.

Sources of Information

The City of Aurora gave the project team access to the personnel involved in the incident and its aftermath. Over 180 interviews were conducted with city and emergency leadership, police, fire and ambulance responders, hospital personnel, coroner's office staff, public safety communicators, family assistance personnel, mutual aid responders, federal and state agencies, and others. The project team could not interview every first responder involved, but we obtained more than a representative sample. A few victims and victims' family members also agreed to be interviewed.

The project team reviewed a large amount of written and video information the city had gathered, including police and fire reports, reports from investigators who interviewed theater patrons, dispatch recordings, and pictures and diagrams provided by the police. We also reviewed videos of the event, news broadcasts, news articles, and other sources. We considered standards and guidelines on widely accepted practices, and background information on the various organizations involved from their websites.

Some individuals are mentioned by name in the narrative for clarity, to avoid pedantic repetition of positions, and in some cases to give credit for innovative actions. For the most part, however, the report describes actions of groups or individuals by rank, unit, or radio call sign.

Organization of the Report

The report begins with background on the city and the organization of its emergency forces. Next are chapters describing the theater shooting and police response, followed by a chapter on the response to the improvised explosive hazards found at the suspect's Paris Street apartment. The report then cycles back to discuss in separate chapters the medical response by the fire department, ambulances, and hospitals; the public safety communications center role; public information; and incident command. The last chapter discusses the aftermath—actions taken to reduce consequences and unite the community. There is some redundancy across chapters that is intended to help the reader understand the context without having to reread earlier chapters.

Each chapter after the first ends with a summary of key findings and recommendations pertinent to the area discussed. In total, there are 84 recommendations for the future based on the lessons learned. Many should be of interest beyond Aurora.

In the time since the Aurora Century 16 Theater shooting, mass shootings have taken place in the Sandy Hook Elementary School in Connecticut, Santa Monica College in California, and at the Washington Navy Yard in the District of Columbia. By addressing what worked well and what could have been improved, we hope the report will contribute to the body of knowledge on how best to deal with such incidents in the future.

ACKNOWLEDGMENTS

The authors wish to thank the many City of Aurora personnel and those in the local, state and federal agencies who shared their experiences in dealing with this incident with the project team.

We would like to especially thank Police Commander James Puscian, the city's principal coordinator for the project. He was extremely helpful throughout the project, including arranging the myriad of interviews, and handling many sensitive issues. Special thanks also to Officer Faith Goodrich, who assisted Commander Puscian and provided invaluable assistance in research, scheduling, and many other tasks supporting the review. Unless otherwise credited, the photographs and diagrams in this report were provided by the city.

Deputy Fire Chief Tony Cito was instrumental in coordinating the fire service aspects of the review. Nanette Coats and Marena Lertch were instrumental in expediting the interviews for the Public Safety Communications staff.

Most of the people interviewed individually or in groups are listed below. For privacy, we excluded names of victims and their family members who graciously allowed us to speak with them. We greatly appreciated everyone's time and candor. We apologize if we inadvertently missed anyone. The positions listed are those held at the time of the incident, in July 2012.

While we received much assistance from the city and those listed, the findings and recommendations are those of the project review team, whose members are listed at the end of the list below.

City of Aurora

George "Skip" Noe	City Manager
Michelle Wolfe	Deputy City Manager, Administrative Services Group
Nancy Freed	Deputy City Manager, Operations Group
Kim Stuart	Director, Communications
Jason Batchelor	Director, Finance
Nancy Sheffield	Director, Neighborhood Services
Barbara Shannon-Banister	Community Relations Manager
Jan Haden	Human Resources Specialist
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Aurora Fire Department

Chief R. Mike Garcia	Fire Chief
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Deputy Chief Chris Henderson	Technical Services
Deputy Chief Dan Martinelli	Operations
Deputy Chief Danny Willcox	Administrative Services
Battalion Chief Cynthia Andersen	Training
Battalion Chief Hunter Hackbarth	Battalion Chief
Battalion Chief Mark Stephenson	Shift Commander
Acting Battalion Chief Kevin Waters	Emergency Medical Services Manager
Captain Kris Andersen	Acting Battalion Chief
Captain Harold Foos	Paramedic Engine 5
Lieutenant Matthew Chapman	Office of Emergency Management
Lieutenant Bernd Hoefler	Truck 2
Lieutenant Jason Pendleton	Tower 8
Lieutenant David Kaiser	Paramedic Engine 2
Lieutenant Jeremy Sones	Paramedic Engine 8
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Rescue Technician Daniel Pollet	Paramedic Engine 8
Rescue Technician John Spera	Paramedic Engine 8
Firefighter Tim Orton	Truck 2
Engineer Randy Rester	Union President, Local 1290
Engineer Kelly Stewart	Paramedic Engine 8
Acting Engineer Paul E. Barry	Truck 2

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Jeff Prink	
Mario Lujan	
Ron McCune	

Aurora Police Department

Chief Daniel Oates	Chief of Police
Deputy Chief Terry Jones	Deputy Chief of Police
Captain Fran Gomez	Commander, Special Operations Bureau
Captain Jerry Hinkle	Relief Duty Captain
Captain Jim Puscian	Duty Captain
Captain Bob Stef	Reunification Center Supervisor
Lieutenant Lee Condreay	Commander, Investigative Support Section

Lieutenant Joseph D'Agosta	Commander, Emergency Response Team
Lieutenant Mike Dailey	Commander, SWAT Team – Summer Task Force
Lieutenant Tim Dufour	Commander, Crime Laboratory
Lieutenant Harry Glidden	Relief Reunification Center Supervisor
Lieutenant Jad Lanigan	Duty Lieutenant
Lieutenant Paul O'Keefe	Acting Commander, Investigations Bureau
Lieutenant Tom Wilkes	SWAT Team Relief Commander
Sergeant Bryan Butler	Patrol
Sergeant Cassidee Carlson	Media Relations Unit – Public Information Officer
Sergeant Jackie Cooley	SWAT Team – Range Supervisor
Sergeant Matt Fyles	Homicide Unit Supervisor
Sergeant Mike Holm	SWAT Team Supervisor
Sergeant Gerald Jonsgaard	Patrol
Sergeant Scott Newhouse	Equal Employment Opportunity Investigator
Sergeant Stephen Redfearn	Summer Task Force Supervisor
Sergeant Scott Stanton	Patrol
Sergeant Mike Yorchak	SWAT Team – Patrol
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Detective Carrigan Bennett	Police Operations Center
Detective Chris Fanning	Crimes Against Children Unit
Detective Todd Fredericksen	Homicide Unit
Detective Randy Hansen	FBI – Rocky Mountain Safe Streets Task Force
Detective Warren Miller	Homicide Unit
Officer Roland Albert	Patrol
Officer Aaron Blue	Patrol
Officer Annette Brook	Patrol
Officer Joseph Bumberger	Traffic Lead for Presidential Visit
Officer Natasha Cabouet	School Resource – Patrol
Officer Anthony Camacho	Traffic Detail (Off-Duty)
Officer Sue Condreay	School Resource – Patrol
Officer Diana Cooley	Police Area Representative
Officer Jeremy Cooley	DART – SWAT Team
Officer Steve Edwards	SWAT Team
Officer Frank Fania	Media Relations Unit, Public Information Officer
Officer Dave Gallegos	ATF Task Force
Officer John Gonzales	Patrol – SWAT Team
Officer Faith Goodrich	SWAT Team Paramedic
Officer Murray Hanley	SWAT Team

Officer Candice Hanson	Police Area Representative
Officer Mike Hawkins	Patrol
Officer Emily Hitchings	Narcotics Investigator
Officer Sheldon Irons	Patrol
Officer Paul Jerothe	Patrol – SWAT Team Operator/Paramedic
Officer Tim King	Fugitive Unit – SWAT Team
Officer Cody Lanier	School Resource – Patrol
Officer Ryan Marker	Traffic
Officer Chris Neiman	Patrol
Officer Shelley Owens	Acting Sergeant, Patrol
Officer Jason Oviatt	Patrol
Officer Mike Pitrusu	SWAT Team
Officer Kevin Rossi	Gang Unit
Officer Jason Sweeney	Patrol
Officer Donald Wilcox	Patrol
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Broomfield Police Department

David Walts	Public Information Officer

Gilpin County Sheriff's Office

Cherokee Blake	Public Information Officer

Jefferson County Sheriff's Office

Lieutenant Scott Eddy	Watch Supervisor
Deputy J.J. Smith	Patrol – K9 Deputy
Mark Techmeyer	Public Information Officer
Jacki Kelley	Public Information Officer

Denver Police Department

Lieutenant Paul Berdahl	SWAT Team Commander
Sergeant Joe Unser	Patrol

University of Colorado

Chief Doug Abraham	University Police Chief
Ryan Huff (at Boulder)	Public Information Officer

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Karen Pearson	Chief Deputy District Attorney
Rich Orman	Deputy District Attorney
Lisa Teesch-Maguire	Deputy District Attorney

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Shauna Allen	Paramedic Supervisor
Josh Hoverton	Paramedic
Tiffany Hopkins	Emergency Medical Technician

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Phillip Nemar	Children's Hospital, Emergency Manager (Incident Commander)
Dr. Maria Mandt	Children's Hospital, EMS Medical Director
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Federal Bureau of Investigations, Denver Field Office

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Bradley Swim	Supervisory Special Agent
Garrett Gumbinner	Special Agent Bomb Technician

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Steven Beggs	Supervisory Special Agent

Colorado Organization for Victim Assistance

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	Dr. Howard Mell; Emergency Medicine
	Carroll Ann Ellis; Family Assistance
	Colonel Gerald Massengill; Police Operations

EXECUTIVE SUMMARY

On July 20, 2012, shortly after midnight, a lone gunman opened fire on moviegoers attending the premiere of a Batman movie in the Century 16 Theater complex in Aurora, Colorado. He shot 70 people using a shotgun, AR-15 style semiautomatic rifle, and handgun. Of the 70 shot, 12 died, at least three of whom were heroically shielding friends with their bodies. The gunman also had booby-trapped his apartment on Paris Street with improvised explosive devices.

In addition to those shot, at least 12 people are known to have suffered injuries in the course of fleeing the theater, some of which were serious enough to require surgery. In total, at least 82 people suffered physical injuries, not including minor injuries that were not recorded. I addition to the physical injuries, many movie patrons, family and friends of the casualties, first responders, and people in the community suffered psychological trauma as a result of the incident.

What Went Well

Overall, the combined efforts of Aurora public safety agencies—police, fire, communications—with timely assistance from neighboring jurisdictions, the FBI and ATF, achieved the best possible outcomes following the shooting:

- All victims with survivable serious wounds were rapidly triaged, transported to nearby hospitals, and recovered.
- The first police unit arrived in less than two minutes from the first 911 call, and multiple units arrived within three minutes. They almost immediately apprehended the armed suspect outside the rear of the theater, without injury.
- The first Fire Department unit arrived in five minutes and 30 seconds. They immediately engaged in patient care near the main entrance of the theater.
- Multiple improvised explosive devices at the shooter's Paris Street apartment were disarmed by an interagency bomb task force, with no harm done to the building occupants or first responders, and with no major damage to the building. The FBI sent senior technical experts to assist the local bomb squads, and the combined team performed exceptionally well in disarming the complex devices.
- All five area hospitals receiving victims provided outstanding emergency care without having much forewarning to prepare for the influx of 60 victims who arrived at their doors, most with gunshot wounds and many in critical condition. None of the hospitals had to divert patients to other hospitals.

- The Public Safety Communications Department handled 6,000 calls instead of the 1,500 on a typical day, and all were answered within established call-answering goals. The Center's telecommunicators supported the incident throughout, and were instrumental in alerting nearby jurisdictions to render mutual aid.
- Police quickly set up a family reunification center at Gateway High School, with excellent cooperation from Aurora public school officials.
- Victims and their families were treated with respect and given exceptional care by the Aurora Police Victim Services Unit, supplemented by trained volunteers and professional family assistance personnel from nearby jurisdictions. Families of the deceased were given the innovative option of having their own public information officer to help deal with the media.
- The Coroner's Office and Aurora Police helped speed confirmation of the deceased victims' identities by having a police forensic analyst use an innovative practice—taking just two fingerprints from each deceased victim while still in the theater, and matching them against driver's license records. While formal identification and release of victim names is never perceived as fast enough, this approach expedited the process while meeting legal and professional requirements.
- The general public was kept informed through a series of press conferences and press releases. A Prayer Vigil and Presidential Visit following the incident were carried out successfully, despite the fatigue of public safety personnel who had to provide security.
- Care was offered early on and over a period of time to first responders who suffered psychological trauma or wished assistance.

These successful outcomes derived in large measure from a combination of extraordinary performance by the initial wave of arriving police officers acting on their own judgment and training, the medical care at the scene administered by fire and EMS personnel and later in the hospitals, and good luck as to the location of the incident and the time of day. A large number of police were able to respond quickly because Police District 2 headquarters was less than a mile away from the theater, and the incident occurred during a shift change. It also helped that there was little police activity elsewhere in the city and the roads were clear after midnight on a workday

Police commanders counted on the large number of responding officers to use good judgment and their training. They could not be individually directed in the first minutes, and could not be on the radio channels without overloading the communications system. Officers and supervisors performed exceptionally well, flowing around the theater, taking up containment and observation positions, cordoning off the theater, recognizing the probable shooter, arresting him with no injury, and checking for secondary shooters and explosives (there were none).

Ambulances could not get through to several patient triage and treatment locations because of traffic and pedestrian congestion in the parking lots, exacerbated by unattended police vehicles. Police officers decided to transport victims in police vehicles rather than wait for ambulances to get through, or for patients to be carried long distances to ambulances. Contemporaneous with the police decision to transport, a firefighter on another side of the building asked an officer to transport a victim the firefighter was treating.

Of 60 patients brought to hospitals, 27 went in police cars and 20 in ambulances. Others were transported in private vehicles, and one walked. This level of police transport was unplanned and unprecedented. If the police cars had not been used for rapid transport of seriously wounded victims, more likely would have died. While considered out-of-the-box thinking for this incident, the use of police cars for transport of gunshot wounds is becoming more accepted. The latest emergency medicine research suggests that speed of getting a gunshot wound victim to a close-by hospital is more important in many cases than the mode of transport or care en route.

Fire department personnel triaged over 100 people at multiple triage centers set up around the theater. Some moviegoers were bloodied and unsure if they were injured. The fire and EMS personnel treated many victims before assisting them into transports to hospitals, or letting them leave on their own if able to do so.

Police officers and supervisors did an excellent job in crowd control of the at least 1,200 people fleeing the theater complex into the surrounding parking lots. The police separated the crowd into groups by theater, and arranged bus transport to the local Gateway High School where they were interviewed.

Adams County, Arapahoe County, Denver, the ATF, and the FBI deserve special recognition for their assistance. Denver sent about 97 police officers and supervisors. The FBI sent over 100 agents and specialists. Many Aurora city departments contributed to handling the incident and its aftermath.

A unified (joint) command between law enforcement and fire department officials successfully managed the Paris Street bomb scene. Aurora police brought in the Adams County bomb squad, Arapahoe County bomb squad and then FBI, ATF and Denver Police Department experts. Police evacuated residents in the apartment building where the explosives were located and the surrounding buildings in case things went wrong. The team of bomb experts successfully

disarmed multiple, complex devices. The team made excellent use of the Adams County robot, and a fire department aerial unit helped law enforcement look into the apartment before entering.

Areas for Improvement

The situation was complex, and there were many challenges for first responders. Below is a summary of the salient issues that need attention going forward. They are discussed in more depth in the body of the report, along with lesser issues. Over 80 recommendations for improvement in handling future incidents are made. Many have already been implemented by Aurora.

Unified or Single Overall Command – Police and fire officials did not establish a unified (joint) command nor a single overall commander until late in the first hour of the incident. Having a unified command might have resolved police-fire communications issues regarding getting ambulances in closer to victims, and clarifying the level of risk to fire/EMS personnel. This is not to imply that response actions in the first minutes should have been held up until a joint command was established; any such delay could have negatively affected the outcome.

Fire Department Incident Command – For the most critical period of the incident, an acting battalion chief was fire incident commander, without support from other chief officers. As a result, fire incident command was initially overwhelmed due to patient volume and geographical scope of the incident. Within the Incident Command System, an overall incident transportation coordinator was not appointed which might have alleviated some of the patient transportation problems.

Fire-Police Communications – In part due to the volume of radio traffic and dispatcher workload on police and fire frequencies, some critical messages were either not successfully relayed to recipients, or not understood between police and fire incident commanders. Police and fire must train with public safety communications personnel and communications systems in mass casualty exercises to ensure that all know how to communicate with each other in a large incident. It is part knowledge of communication systems and part human communications that need to improve.

Risk Assessment – The level of risk in the theater was not discussed between police and fire commanders. Fire did not know that police had arrested the suspect. Uncertainty of the risk might have delayed triage in the theater had it not been for the fortuitous circumstance of a police officer who was a SWAT paramedic being one of the initial officers on the scene.

There needs to be clearer definition and care used to describe risk to paramedics at a mass shooting and to change the risk assessment if warranted as events proceed. There also needs to be better training of fire and EMS personnel for entering a warm danger zone under police protection. Another consideration is to train police officers in basic combat medic skills, and provide them with a tactical medical kit, which Aurora police now are doing.

Access to Victims – Police and fire need to work out procedures for better access to victims in such logistically complex circumstances. Emergency medical personnel were delayed and overloaded before getting to some of the critically injured victims because they were intercepted by the wounded streaming away from the theater. It was difficult to bypass them, especially with no overall transportation group having been established to coordinate transport. Police did not inform fire on how to reach some patients, despite one police car making multiple round trips to hospitals. No one considered having that unit or another lead an ambulance in after the first trip. Fire never asked police how their cars were getting through. As noted above, a transportation group should be established under ICS to deal with such issues.

Triage Ribbons – Triage ribbons indicating severity of condition (black, red, yellow) were not attached to victims, nor were patient tags used after treatment in the field. This made it more difficult for hospitals and EMS to identify and track the most seriously wounded.

Notifications in Communications Center – Messages to the public safety communications senior managers did not result in getting senior communications managers back to duty soon enough. This contributed to a lack of adequate arrangements to bring in relief telecommunicators and to brief the next shift on incident status.

Emergency Operations Center – Some of the resource coordination and logistics that could have been facilitated through an activated emergency operations center did not occur. Aurora's Emergency Operations Center (EOC) is a limited operation that needs improvement and greater visibility within the city's structure.

First Responder Relief – Exhausted first responders who served during the theater and Paris Street responses were pushed to the limit by being required to serve as security for the Prayer Vigil and Presidential Visit. They could have been rotated out, using more officers from surrounding jurisdictions.

Victim Information – Providing information to families on the status of loved ones was problematic. Hospitals and victim advocates did not have adequate information to answer family questions in a timely manner.

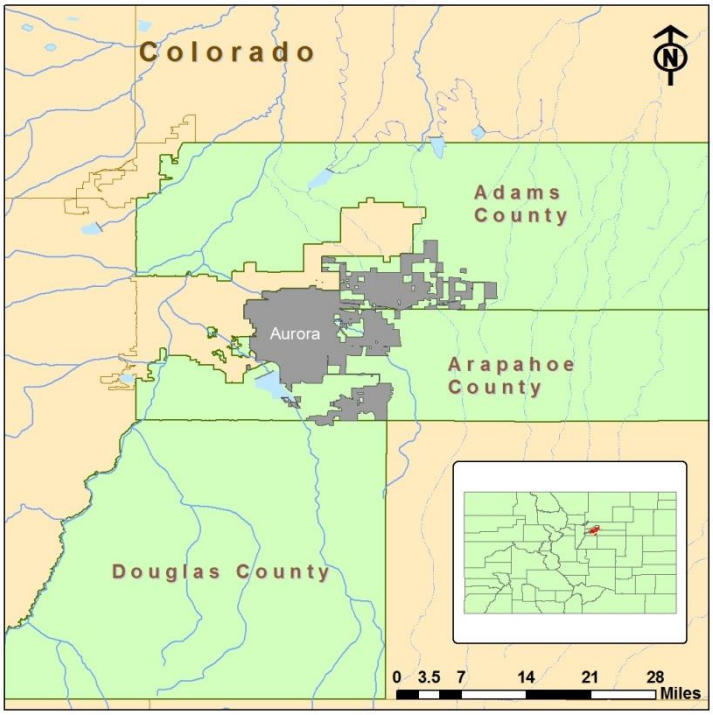
Conclusion

While there are things to improve, as is always found in hindsight, the City of Aurora should be proud of its response to the largest civilian shooting in U.S. history, and the largest mass casualty incident in Aurora's history. To repeat the key point, the outcome could not have been better in terms of lives saved and a rapid arrest. The neighboring jurisdictions and federal agencies, especially the FBI, provided excellent, timely assistance in force. The City is aware of the lessons learned, and has already taken measures to implement changes. It is hoped that the findings and recommendations will be useful to other jurisdictions as well.

CHAPTER I. AURORA AND ITS EMERGENCY DEPARTMENTS

The City of Aurora has grown rapidly to over 340,000 in population. It is adjacent to the City of Denver and Denver International Airport. The city straddles three counties—Adams, Arapahoe, and Douglas—as shown in Figure 1.

Figure 1. Aurora and Surrounding Counties

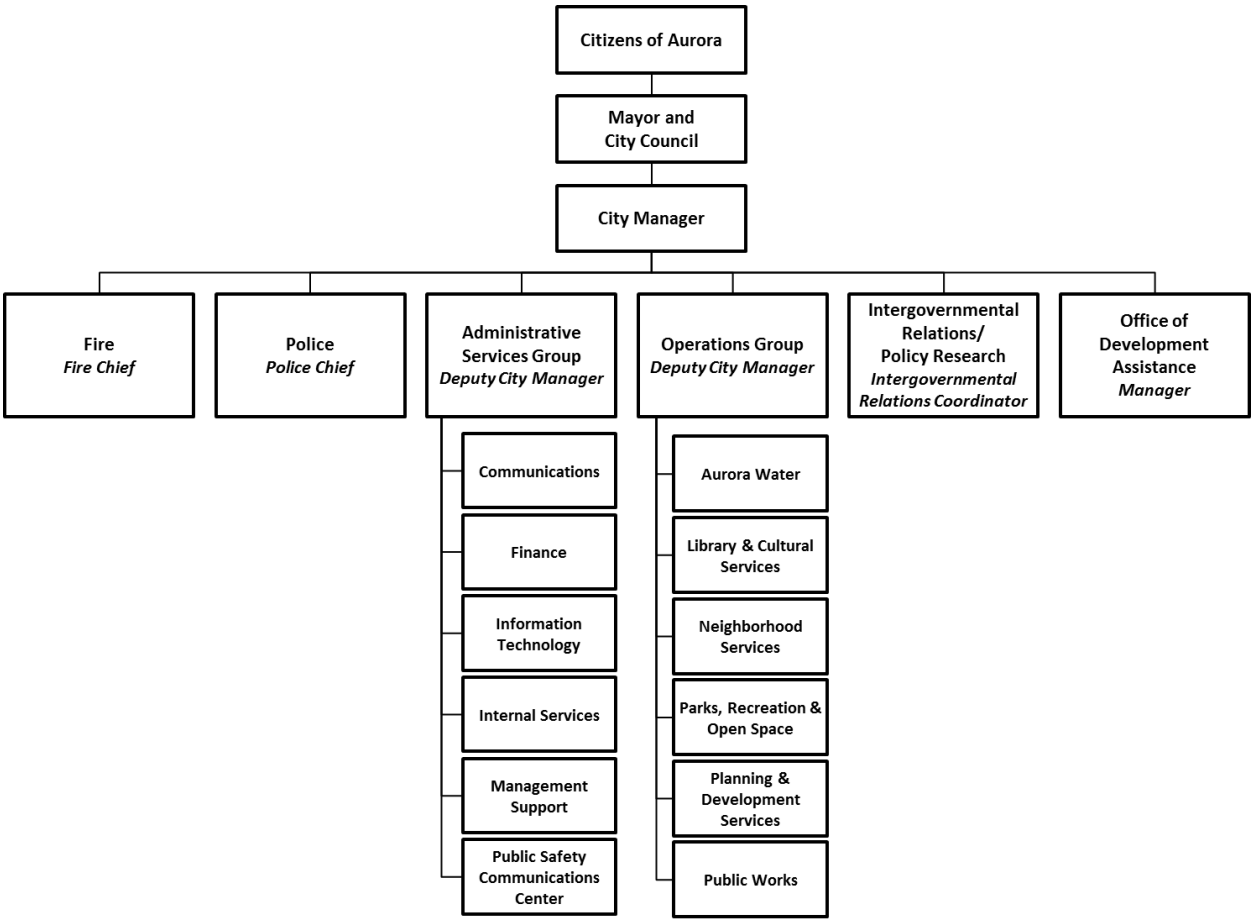


Aurora has excellent relations with its surrounding cities and counties, including well-developed mutual and automatic aid for police and fire responses, some of which are established under state law. Prosecution of criminal defendants rests with the county in which the offense occurred, which requires the Aurora Police Department to deal with separate District Attorney offices and a multiplicity of local and state courts.

In some ways, Aurora is two different cities. "Old Aurora" has multi-family residential neighborhoods and high-density business districts with higher crime and fire hazards than the newer part of the city, especially in the area surrounding the former Stapleton Airport. In contrast, "New Aurora" has more planned housing developments and business districts of modern design and construction, well-designed street and road networks, ample parks, and open space.

Aurora has a city council/manager form of government. The city manager supervises all departments, as shown in Figure 2.

Figure 2. City of Aurora Organizational Chart



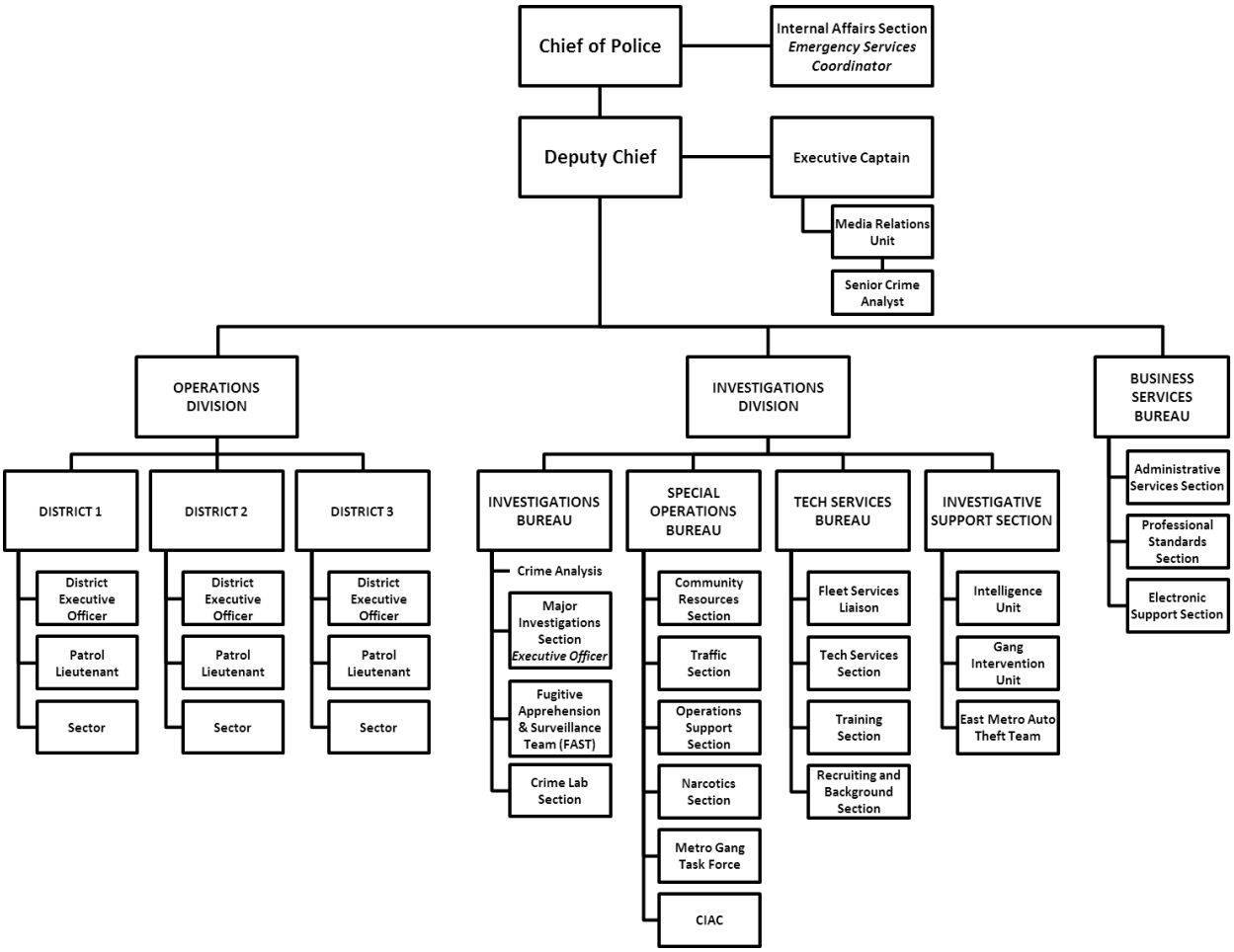
Aurora Police Department

The Aurora Police Department (APD) is a full-service law enforcement agency with about 653 sworn officers and 137 support staff. The ratio of almost 2 police per 1,000 population is higher than for cities of similar size in the western United States.

Organization – The Chief of Police reports to the City Manager. The patrol function is divided into three police districts that are supported by city-wide units such as investigations, special weapons and tactics (SWAT), canine, narcotics, traffic enforcement, and school resource. A 40-officer Mobile Field Force (Emergency Response Team) is drawn from across the department when needed. The department also operates a full-service crime laboratory with non-sworn crime scene investigators. During summer months, a special extra unit called the Summer Task Force is fielded.

Generally, three District Police Watch Commanders (lieutenants) are on duty, one per district. One is designated the Duty Lieutenant, with responsibility for management of major incidents and coordination of city-wide law enforcement activities during his/her shift unless a higher level command officer takes over. Figure 3 shows the organization of the APD.

Figure 3. Aurora Police Department Organizational Chart, July 2012



Police Training for Active Shooters – The APD held active shooter training for several years prior to the 2012 theater shooting incident, including eight hours for each officer in 2011. Virtually all officers had completed active shooter training prior to the theater incident. They were trained to respond rapidly and neutralize the shooter as quickly as possible, without cover or assistance from specialized teams when time did not permit.

Although Aurora's overall violent crime rate is fairly low, 1,380 offenses in 2012, a little over 3 per 1,000 population according to the FBI Uniform Crime Report, the police had experience dealing with frequent though isolated shootings, about 40 per year.

In September 2011, the APD, AFD, and the PSCD participated in Operation Mountain Guardian, a multi-agency terrorist attack drill in the Denver metro area. Terrorist attacks were simulated at schools, hospitals, and other major pubic venues. In addition, all three departments participated in the following training exercises since 2010:

- **Operation Vortex-EOC Operations** – Operation Vortex at Denver International Airport was held on October 11 and 12, 2012. It was a North Central Region exercise that focused on tornado response and recovery efforts. They worked in a pile of concrete that represented an office building and parking structure hit by a tornado. Fifty agencies took part in the exercise. The Aurora Fire Department Technical Rescue Team participated at the DIA site on the first day of the exercise. The second day of the exercise was designed for EOC operations. The City of Aurora stood up the EOC for four hours and EOC personnel were given several injects related to a scenario of multiple tornado touchdowns within the city. Representatives from Fire, Police, Communications, Public Safety Communications, Water, Public Works, Fleet, Internal Services, Tri-County Health Department, and Information Technology all participated.
- **Aurora Public Schools Annual Exercises, 2010, 2011, 2012, 2013** – Annually, the school district in conjunction with the police and fire departments conducts a readiness exercise centering on a school setting. The events included active shooters, hostage situations, terrorist style takeovers, special events, and sporting event takeovers. The scenarios usually involve active shooter movements, hostage negotiations, EOD detection and disposal, as well as victim extraction.

  The 2013 exercise involved the takeover of a theater at the Community College of Aurora. The "suspects" planted explosive devices, shot several people during the takeover of the theater, as well as booby trapping the theater itself. The exercise involved the police SRO, SWAT, CNT, Public Safety Communications, and Aurora Fire Department. All three departments practiced the newly designed High Risk Extraction Protocol (HREP). (Note that this exercise was after the theater shooting incident, and reflected lessons already learned.)
- **University of Colorado, Tabletop Exercise, Pandemic** – This is an annual exercise with the University of Colorado Hospital. The graduating medical students are the players in the exercise with the support and assistance of subject matter experts. Police, Fire and Emergency Management participate in this exercise scenario where a town is being affected by a significant pandemic. The medical students are assigned to a focus area (police, fire, elected officials, communications, etc.), and are required to make decisions with the assistance of the city representatives. This allows them to

see the overall impact of a health related crisis from multiple and how a community can work together to address the problem.

- **E-470 Exercise** – The "E-470 Exercise" held in October 13, 2010 was a jointly held with APD, Aurora Fire Department, Public Safety Communications Department, Colorado State Patrol, Buckley AFB, and Tri-County Health. It was a full-scale exercise at a toll plaza on E470. It simulated an F16 crash onto the highway with subsequent release of a pesticide. On October 20, there was a tabletop recovery exercise focused on the following several days. APD's primary involvement in the exercise was deployment of the ERT.

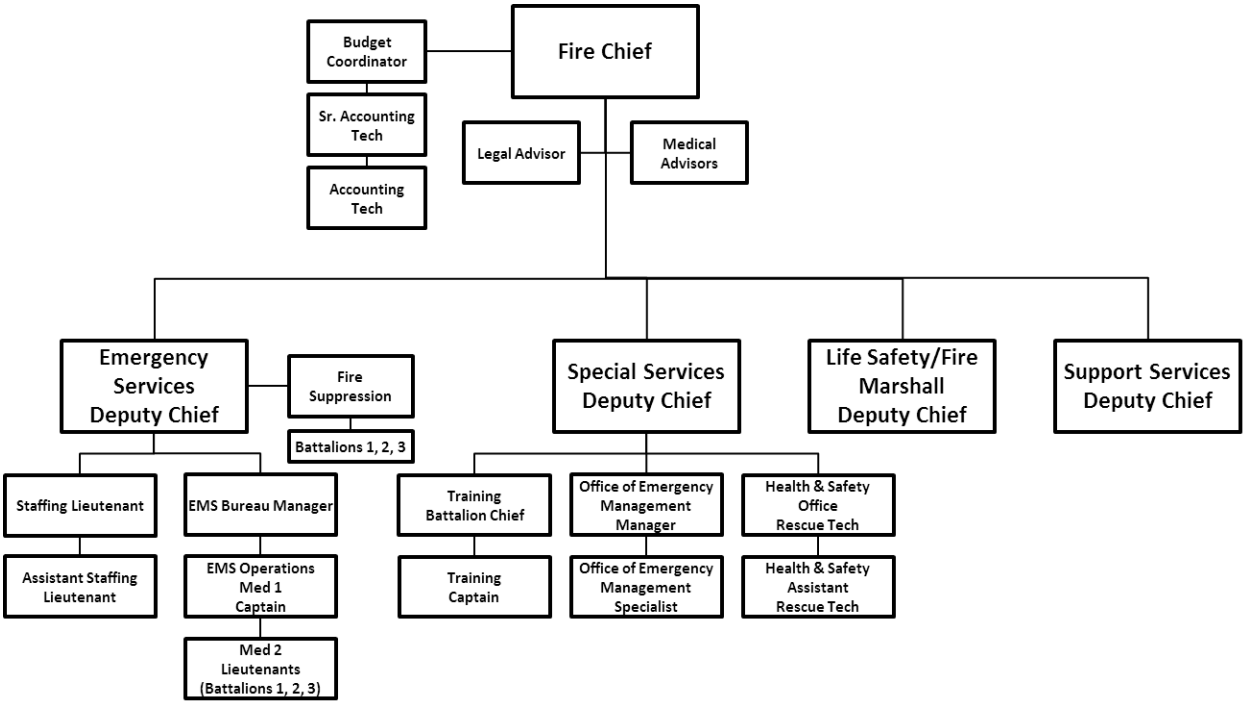
Aurora Fire Department

Aurora Fire Department (AFD) provides the full range of services of a modern fire and emergency medical services (EMS) department, with the exception of EMS patient transportation, which is provided by a private firm, Rural Metro, under a city contract. Rural Metro provides ambulances with paramedics stationed in Aurora, and can draw on more if needed. Mutual aid for ambulance and other fire services is provided by surrounding communities. The EMS resources are discussed further in Chapter V on the EMS response.

The AFD incident commander is in charge of ambulance as well as fire operations at the scene. The senior AFD paramedic present is responsible for a patient's care until the patient is transferred to an ambulance crew. For critical patients, Fire Paramedics stay with the patient for continuity of care when possible. Figure 4 shows the fire department organization chart.

Every firefighter must maintain emergency medical technician (EMT) certification. All firefighters hired subsequent to January 2005 must become a paramedic as a condition of employment. Engines and ladder trucks have four firefighter/EMTs per unit. There are at least one, and often two, fire paramedics on each engine and truck company, which is above average EMS capability nationally.

Figure 4. Aurora Fire Department Organizational Chart, September 2012



Emergency Medical Services Division – The AFD's EMS Division is headed by an EMS bureau manager, roughly equivalent to a battalion chief in rank. The manager is assisted by a captain and three lieutenants.

The EMS Division handles all matters related to EMS care, including protocols, training, quality management, and supplies. EMS medical direction is provided by three board-certified emergency physicians who practice emergency medicine within the Aurora medical community. The EMS bureau manager maintains liaison with the medical directors, the local medical facilities, and Rural Metro.

Prior to the Century 16 Theater shooting incident, all EMS officers were assigned to day work and available by page for off-hours emergency response. An EMS captain coordinated quality management and training, and an EMS lieutenant was assigned to each battalion. Since the incident, the lieutenants have been assigned to shift work, allowing an EMS officer to be available on a 24-hour basis to improve EMS incident management.

Emergency Management Division – The fire department coordinates emergency management for the whole city through its Emergency Management Division. However, the division is staffed only by a lieutenant and civilian specialist who operate the Emergency Operations Center during a major emergency and help coordinate preparedness planning of various city agencies.

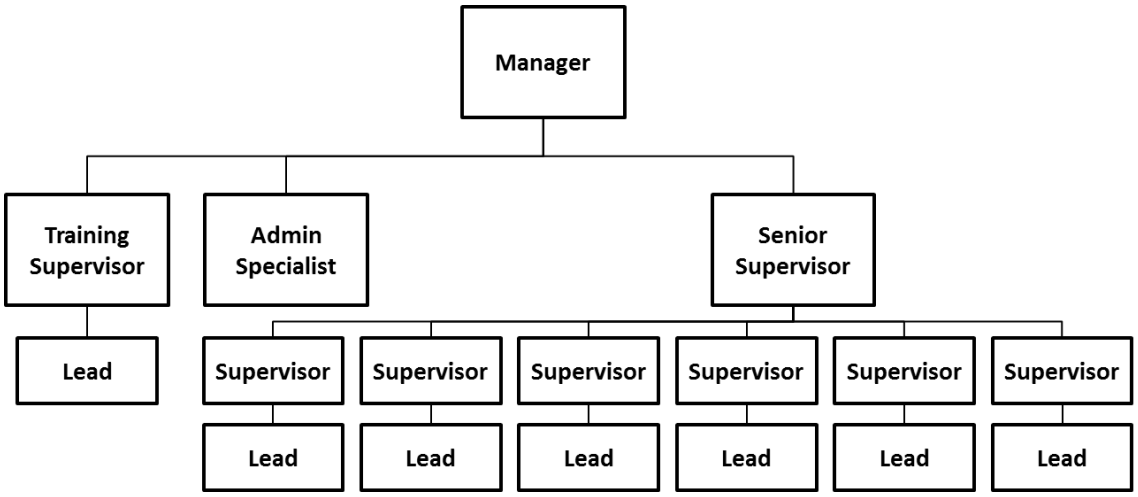
Firefighter Training for Active Shooters – As noted above, the fire department participated with police in numerous mass casualty and terrorist training exercises. In July 2007, the AFD conducted a large-scale officer training program covering multi-casualty situations, the new Mobile Command vehicle, and HazMat decontamination. The AFD also participated in the April 2011 joint police-fire active shooter continuing education program.

Since the theater shooting incident, the APD, AFD, and PSCD undertook a joint effort to update their active shooter training and protocol. At the time of this report writing, High Risk Extraction Protocols (HREP) were undergoing final revision and approval by command staff. [1]

Public Safety Communications Department

The Public Safety Communications Department (PSCD) supports police, fire, and other emergency services in the city. It is independent of those departments and reports to a deputy city manager. Its organization chart is shown in Figure 5.

Figure 5. Public Safety Communications Department Organization, July 2012



The Public Safety Communications Department had a budgeted strength of 81 employees, including a communications manager, senior supervisor, administrative specialist, training supervisor, 6 shift supervisors, 7 lead telecommunicators, and 64 telecommunicators.

The Department operates a full-service Communications Center that houses the city's Public Safety Answering Point (PSAP), which is responsible for receiving and processing 911 calls for police, fire, and emergency medical services. Communications Center staffing varies by projected workload (time of day, day of week). During busy evening shifts, the Communications Department is typically staffed with nine 911 operators, two or three police telecommunicators, one police services telecommunicator (who handles requests for name checks, DMV

[1] AFD. (2013). *Section 6.19: High-risk extraction protocol*. [Draft]. June 26, 2013.

information, tow requests, etc.), and at least two fire telecommunicators. In addition to line telecommunicators, each shift normally has a lead telecommunicator and a shift supervisor.

Communications Department trainees begin their tenure by learning call-taking skills as a 911 operator for approximately 12 months. Then over the course of an additional three years, each telecommunicator trains to become qualified as both a police and fire dispatcher.

The main telecommunications system is a Harris (M/A COM) 800 MHz trunked radio system, with multiple "talk groups" (sometimes called channels). The talk groups are assigned to radio "fleets" (groups of channels) of police, fire, and other city agencies.[2]

Mobile and portable radios are interoperable between agencies; that is, they allow police and fire units and command to talk to each other. Front-line public safety vehicles are equipped with mobile data computers and a global positioning/automatic vehicle location (GPS/AVL) system that shows the location of emergency vehicles, and records the history of their movement. The center now uses an Intergraph computer assisted dispatching (CAD) system, although an older Motorola Printrak CAD was in use when the theater shooting incident occurred.

In addition to the city's public safety radio systems, the Communications Center has access to a variety of mutual aid channels, including:

- MetroNet – Intercommunication between area PSAPs
- 4 "Blue" Talk Groups – Inter-agency police mutual aid communications
- 4 "Red" Talk Groups – Inter-agency fire mutual aid communications
- CLEER – Colorado Law Enforcement Emergency Radio

The Communications Center has the capability to quickly patch together mutual aid channels and Aurora talk groups. MetroNet can be monitored only by the Communications Center and may not be accessed or patched to mobile or portable units.

During summer months, the Communications Center normally operates three police dispatch talk groups (one for each police district) at peak workload periods. This is reduced to two dispatch talk groups during less busy periods. In addition to the primary dispatch talk groups are service and tactical channels, which are always available. The AFD uses one talk group for primary dispatch and uses multiple tactical talk groups assignable to individual incidents and the fire ground.

[2] The terminology of communication is not consistent nationwide, and can be a little confusing. Talk groups is the new name for channels in an 800 MHz system. Aurora also uses the following terminology: Agency = Department; Profile = Individual radio mappings; Fleet = A series of talk groups normally but not necessarily numbering 16; Talk group = A channel assigned to a specific function like police or fire dispatch.

Every APD officer has a personal portable radio. Many keep the radio with them even when traveling to and from work.

Hospitals

Aurora was fortunate to have several hospitals with ample trauma resources relatively near the incident, including:

- The Medical Center of Aurora (Level II Trauma Center)
- University of Colorado Medical Center (Level II Trauma Center)
- Children's Hospital Colorado (Level I Pediatric Trauma Center)
- Denver Health (Level I Trauma Center)
- Swedish Medical Center (Level I Trauma Center)
- Parker Adventist Hospital (Level III Trauma Center)

CHAPTER II. THE SHOOTING

On July 20, 2012 the Century 16 Theater was showing a midnight premiere of the latest Batman movie—"The Dark Knight Rises"—to a capacity audience of about 400 patrons in Theater 9. It was for the most part a young adult crowd, with many people in their 20s. The movie theater complex had in total about 1,200-1,400 attendees that night, spread over nine theaters large and small. Theaters 8 and 9 were the largest two in the complex. Figure 6 shows the layout of the theaters.

Figure 6. Layout of Theaters Inside of the Century 16 Theater Movie Complex

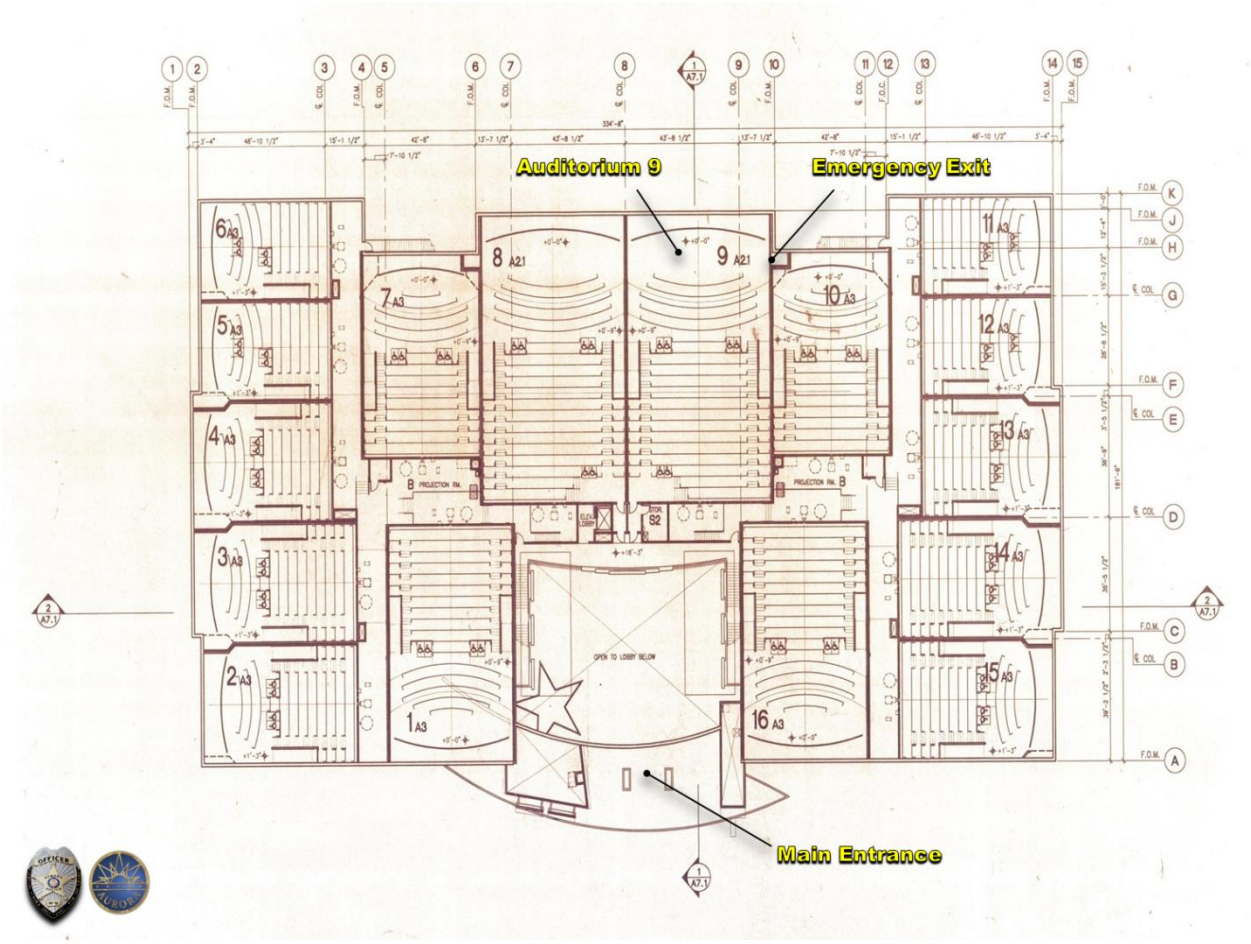
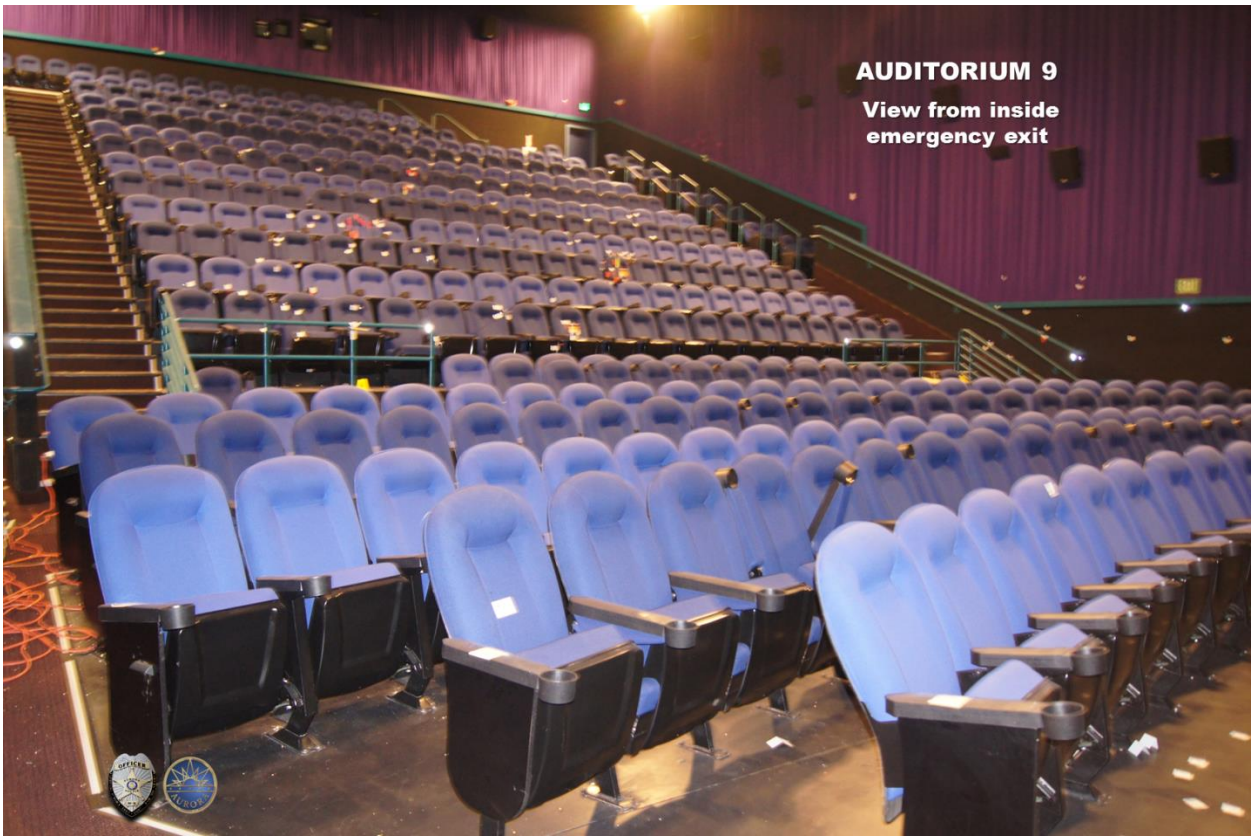


Figure 7 shows the interior of Theater 9.[3]

Figure 7. Interior of Theater 9[4]



The theaters were housed in a stand-alone building within a larger mall complex surrounded by parking lots. Figure 8 is an aerial photo of the theater complex. The main entrance of the theater is on the northwest side. Theatergoers entered from the parking lots in the front and sides of the theater, then through the lobby concession area and into the theaters.

[3] Yellow tags are where bullet or pellet holes were found.

[4] The police department picture is marked "from the emergency exit." The theater management insists that the exit was for use by anyone. It was used by the shooter to exit and re-enter the theater, and was not alarmed.

Figure 8. Aerial Photo of Movie Theater Complex

The parking area immediately surrounding the complex was packed with patrons' cars, but the huge parking area of the mall complex beyond the theater parking lot was virtually empty.

Attack Starts

Shortly after midnight, a person standing in the aisle, wearing black clothes, body armor and a gas mask, released a canister of CS gas (like tear gas) and opened fire on the audience. He had purchased a ticket and entered as a regular patron, then left early in the movie, going out a rear exit near the right side of the screen. He put a plastic clip on the door lock as he exited so he could get back in, and then went to his car parked a few feet from the exit to retrieve weapons and protective gear. He reentered the theater through the same door. The exit was not alarmed, and it was dark outside, so his leaving and re-entering probably was not much noticed.

The shooter carried into the theater a shotgun, AR-15 style semiautomatic rifle, and a .40 caliber semiautomatic handgun. He left a second .40 caliber pistol in the car. He first opened fire with the shotgun, firing six shells until he exhausted its ammunition. He then switched to the

rifle, firing at least 65 high velocity rounds from a magazine until the rifle apparently malfunctioned. He also fired five rounds from the handgun.

The shooting started near the screen and the exit he had re-entered. The shooter worked his way up the aisle, firing at patrons as they fled out the end away from the screen, which led to the lobby. One can hear the rapid firing of a semiautomatic weapon during the initial 911calls.

After most patrons who could move had fled, the shooter again left the theater through the rear exit to go to his car, where he was almost immediately apprehended by two Aurora police officers who had just arrived.

Despite the extremely fast police response (which will be discussed in the next chapter), 70 people were shot before police arrived, of whom 12 died. *This was the largest number of people shot in a civilian incident in U.S. history.* None of the first arriving police officers heard any shots. From interviews and time estimates, it appears that the shooting had stopped and the gunman had exited the theater just as police started arriving.

A few people were wounded in Theater 8, adjacent to Theater 9. They were struck by bullets or shotgun pellets that had gone through the common wall of the two theaters. Figure 9 shows where some of the rounds entered Theater 8.

Figure 9. Markings Showing Wall Where Shots Entered Theater 8 from Theater 9

Audience Reaction

The early minutes of the Batman movie contained shooting and loud noise. Some people in the audience had dressed in costumes for the movie opening. When the shooter opened fire, some at first thought it was a stunt. But with people visibly wounded and screaming in pain, a gas in the air that smarted the eyes, and shots being fired, it quickly became apparent that the shooting was real.

A moviegoer made the first 911 call, at 12:38 a.m. Seconds later the manager of the theater also called 911. It is unclear exactly how much time elapsed from the start of shooting to the first 911 call, but it is likely to have been well under a minute. Witnesses said they recovered from the initial shock and realized it was a real shooting in seconds.

Most of the audience started to flee once they understood the shooting to be real. The building fire alarm was activated, which probably accelerated the flight from Theater 9 and triggered an exodus from all the other theaters in the complex. The result was a deluge of over 1,200 people fleeing the theaters, including many wounded. Most fled out to the lobby from which they had entered.

Video of the early moments of the exodus show a scene that was less panic than rapid movement of people who were clearly scared and shocked. Some held doors open for others. Some assisted those who were hurt, in shock, or just upset. Most of the audience was young and in reasonably good physical condition. Few seemed to fall or stumble; no one was injured by trampling or by others fleeing, to everyone's credit.

Many moviegoers fleeing the theaters were covered in blood and tissue from the victims. The first responders and even some of the victims themselves were not sure if they were injured.

Several moviegoers acted heroically. Three of the 12 victims killed were young men who gave up their lives, shielding friends sitting near them.

Rather than rushing out, several people in the audience in Theater 9 took cover, getting low behind seats to get out of the line of fire. No one in the theater other than the shooter was found to have been armed. No one attempted to attack the shooter.

Recommendations

While the scope of this review did not include advice to theater owners, we felt obliged to offer the following suggestions:

1. **Alarms and Emergency Announcement Capability in Theaters**. To improve patron safety, theaters should consider putting alarms on emergency or secondary exits, and preferably monitor them by video surveillance. Having a voice communications system to inform people about emergencies also is important in an emergency. Additionally, theater complexes should be able to quickly switch off the

movies and turn on the lights in each theater, to facilitate exiting and improving visibility in an emergency. Generally, these are not common features in theaters today. Besides cost, the downside is that if leaving through an exit sets off an alarm, some might be tempted to do it for fun.

2. **Public Education**. Inform the public on appropriate measures if caught in a shooting situation. Nationally, thousands of people have been exposed each year to small- and large-scale shooting incidents. There are likely to be more. The key guidance to offer is:

   - Flee if you can.
   - If not possible, hide or shelter.
   - If neither is possible, consider attacking the shooter, preferably in concert with others, throwing anything handy to distract or injure him.

   The Houston Police Department has an excellent free instructional video for the public on what to do in a shooting situation. The West Virginia State Police have been training office workers in Charleston. Aurora Police Department and other departments in the Denver region should consider this education, and enlist the media to help disseminate it.

CHAPTER III. POLICE RESPONSE TO THEATER

In light of experience from multiple victim shooting incidents in the past two decades, widely accepted police strategy is to attempt to quickly neutralize an active shooter—go to the shooter, and do not wait for special teams or special equipment or a large force for attack. The longer the perpetrator is left to shoot, the more people may be killed or injured.

Experience shows that in a mass shooting the shooter often stops only when the police officers arrive. The shooter then often commits suicide (e.g. Virginia Tech and Columbine High School), is shot (e.g. Fort Hood), surrenders, or is apprehended. Officers are expected to take risks to stop an active shooter, especially in an incident like the Century 16 Theater shooting in which 15-20 people were being shot per minute (70 within less than 4 minutes.)

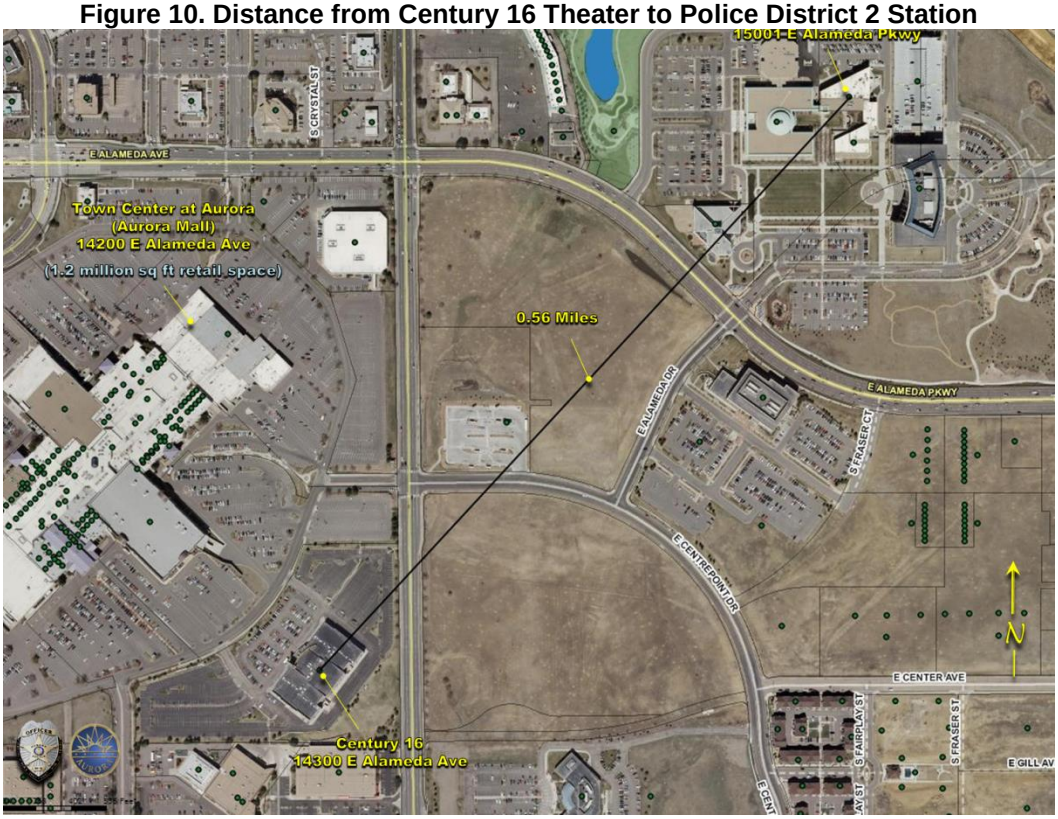
Members of the Aurora Police Department followed the active shooter strategy, acting bravely and professionally as they encountered an unknown shooting situation with multiple seriously injured victims. Police units arrived very quickly, less than 3 minutes from the first 911 call. The suspect was observed by police within 5 minutes, then challenged, and then placed under arrest within 7 minutes. All victims with survivable injuries were saved.

Initial Dispatch and Command

The Aurora Public Safety Communications Department received the first report of a shooting at the Century 16 Theater at 12:38 a.m.—the early hours of a Friday morning

A little over one minute later, two patrol units were assigned to respond to a call of shots fired. The Communications Center broadcast that at least one person had been shot and “there’s hundreds of people just running around.” Lieutenant Jad Lanigan, the Duty Lieutenant, radioed Communications to send all available cars, and to broadcast this request city-wide on all district dispatch frequencies, not just to District 2. The Century 16 Theater is less than a mile from the District 2 police station, which is co-located with police headquarters at 15001 East Alameda Parkway. Figure 10 is an aerial photo showing the distance from the theater to the District 2 police station.

Figure 10. Distance from Century 16 Theater to Police District 2 Station



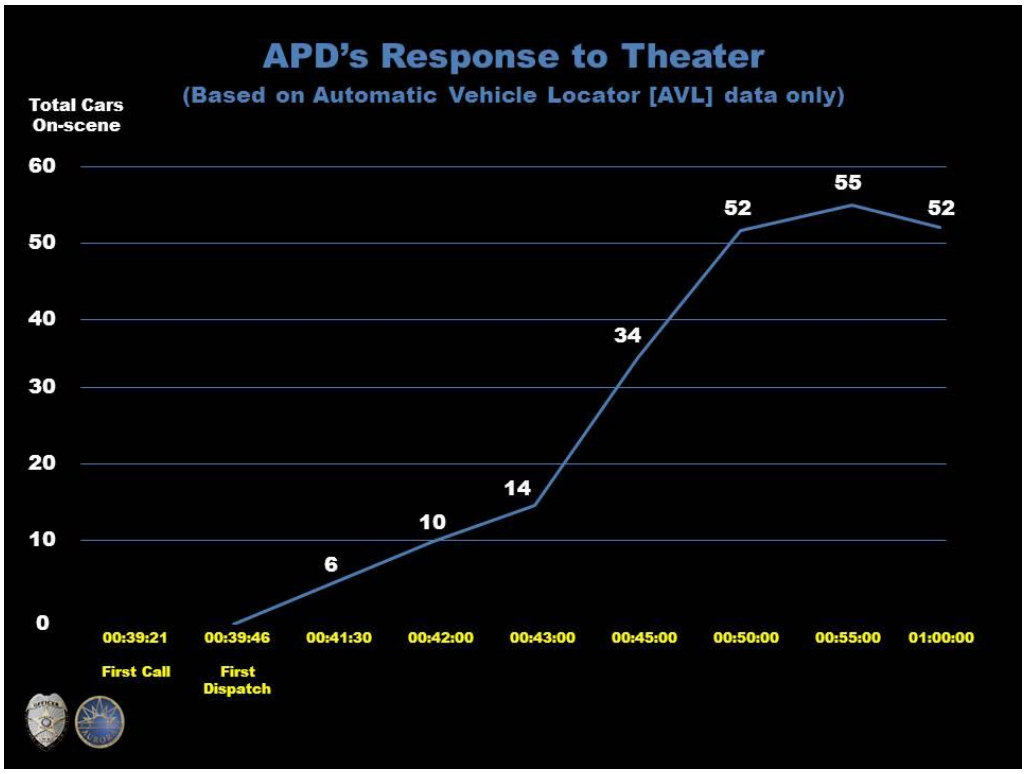
At the time of the initial dispatch, most officers from the 3:00 p.m.-1:00 a.m. "swing" shift were at the station, preparing for debriefing and relief. The "graveyard" shift had reported for duty at 10:00 p.m. and was in the field. Also on duty were several officers assigned to the Summer Task Force, the extra unit formed to increase police presence at night during the busy summer season. In total, there were 126 Aurora police officers available across the city at that moment, only a few of whom were handling calls. The overlapping shifts and the presence of the Summer Task Force added approximately 54 officers and their supervisors to what normally would have been available.

Initial Arriving Units – Shortly after the dispatcher broadcast "all available cars … switch to Channel 2 and start for Century 16 Theater, active shooter," there was a follow up advisory that "someone is still shooting inside Theater Number 9." By a little after 12:40 a.m., slightly more than two minutes after the first 911 call, officers started to arrive at the theater. They encountered injured victims and began requesting medical assistance. Officers reported that some type of gas had been released in Theater 9, and requested gas masks.

Because of the number of officers available and the proximity to the District 2 station, multiple Aurora police units were on scene within minutes of the initial calls for help. More units kept arriving each minute. Figure 11 shows the rapid buildup of police units. There were 6 units on scene within a little over two minutes, and 14 units within four minutes. Some officers

immediately entered the theater while others set up a perimeter around the theater to contain the area and stop the possible escape of a suspect.

Figure 11. APD's Response to Century 16 Theater



While a few police units reported their arrival on scene by radio, most did not, in accordance with good radio practice.[5] First-line Aurora police vehicles are equipped with a Global Positioning System/Automatic Vehicle Locator (GPS/AVL) that records time and position if the officer's mobile terminal is logged on. Therefore, some arrival times are known from GPS/AVL records rather than from radio traffic. However, AVL could not be used to find the arrival time of many of the officers who were going off shift and not logged on to AVL, nor officers working off-duty jobs and driving their personal vehicles. Nevertheless, though not all arrival times are known precisely, there is no question as to the rapidity of the response and force build-up.

Many in the initial wave of police units arrived almost simultaneously, entering the theater area through different access points. Based on response data and our interviews, it appears that Lieutenant Jad Lanigan, Officer Roland Albert and Officer John Gonzales were among the first to reach the Theater 9 auditorium. Officer Gonzales is a SWAT team member

[5] When there is a large police response, officers typically do not report by radio that they are "on-scene" in order to reduce radio traffic and dispatcher workload. In Aurora, this practice complied with Paragraph 12.9.6 of the department's Active Critical Incident Directive.

and a Lead Gas Technician, but because he was going off duty and had unloaded his car, he did not have any special equipment with him. In spite of that, he and Lieutenant Lanigan intended to enter the theater auditorium immediately and to go where the shooting had been reported. They did not hear shots still being fired when they were outside the door to Theater 9. When they discovered that an unknown chemical agent had been released in the theater, they decided to briefly delay entry until gas masks were available. Officer Gonzales quickly obtained a gas mask from another officer and, with the assistance of additional officers who now had arrived on the scene, made entry into Theater 9. Inside they did not see a shooter or hear any shooting. They then began to assist victims. (Police training nationwide is to stop the shooter first and hence stop adding injuries before assisting those already wounded.)

As other officers arrived at Theater 9, Lieutenant Lanigan quickly changed from first responder duties to assuming command. He operated from a position near the concession stands in the main lobby of the theater building.

Another of the first officers on the scene was Everett Williams. He was off-duty working a side job directing traffic at a road construction site near the theater. He was in full police uniform including weapon and police radio. He ran to the front of the building, where he saw wounded people streaming from the theater, and he immediately "knew it was bad." He was torn between stopping to assist them and neutralizing the shooter. He called for "rescue" (fire and emergency medical services). As a trained member of the Emergency Response Team (ERT), Williams knew the procedures for responding to an active shooter. He drew his service weapon and entered the theater. The fire alarm was sounding, adding to the confusion.

The second command officer to arrive was Lieutenant Mike Dailey, Commander of the SWAT team. He was on duty and estimated that he arrived in front of the theater approximately six minutes after the initial dispatch was made. Many officers were already on scene and more arriving every minute. Lieutenants Dailey and Lanigan decided to divide command duties, with Lanigan taking command of operations inside the theater building and Dailey assuming command outside. When senior police officials arrived at the theater, later in the incident, they left this command structure in place.

The arriving officers were expected to use good judgment and self-deploy based on their training and knowledge of strategy for response to a shooting incident. They were not to stage and wait for ICS to be set up, and incident commanders to tell them where to go or what to do. As officers arrived and assessed the situation, they took self-assigned positions around the theater. Several officers we interviewed said they operated under the philosophy of go where you think needed rather than wait for instructions on where to deploy. They did not know clearly what was happening except from what they saw, the limited transmissions on their radio channel, and what they learned from one another on site. (This is the police analog to the "fog of war.")

The officers quickly established a perimeter around the theater to cover all sides, cordoning it off to stop the perpetrator's escape.

Sergeant Gerald Jonsgaard, a Patrol Supervisor, was about 8-10 blocks away from the theater when the first call came in. He self-dispatched, and considered his first duty as containment of the shooter. Upon arrival, he saw police vehicles in the front of the theater so he deployed to the rear, stationing himself on an elevation that commanded a view of the east and south sides, including, as it turned out, the exit used by the shooter. The sergeant was informed by a water construction crew nearby of a woman who had been shot. He advised them to take cover and put pressure on her wound.

Sergeant Stephen Redfearn, the Summer Task Force supervisor, was in the north end of Aurora when the first call came in. Ultimately he and seven or eight members of his task force arrived at the theater. The sergeant drove to the rear of the theater, going over a curb to get there. As will be discussed, what may seem a minor point—officers driving over curbs—played a surprisingly important role in this incident. Ambulances and fire vehicles were hesitant to drive over curbs and that added to their difficulty in reaching victims in a situation where there was severe congestion from vehicles and pedestrians, and ambulances were being intercepted by victims needing aid before the EMS units could reach the more seriously injured patients. Paths to some victims required driving over curbs.

Police and firefighters continued to encounter wounded people spreading out from the theater in many directions.

Sergeant Jonsgaard had arrived just before the shooter exited the theater. He saw a person dressed in black come out the exit, looking at first glance like a SWAT team member wearing armor, helmet, and gas mask. This person approached a white car, the only one parked behind the theater. Believing the individual to be a possible suspect, Sergeant Jonsgaard targeted him. Thus, the shooter was in the sights of a patrol rifle from almost the moment he left the theater.

Many officers who went into the theater were not equipped to deal with gas. Most also were not equipped with rifles. None of the first officers responding wore high threat or rigid body armor. None had combat medic-type bags or improved first aid kits (IFAKs) for treating wounded. One officer had Self Contained Breathing Apparatus (SCBA) experience from his military service and was assisted by fire personnel in getting an SCBA to make entry into Theater 9 with the unknown chemical agent present in the air.

Apprehension of Suspect

Officers Jason Sweeney and Jason Oviatt arrived independently of each other, self-deploying to the rear of the theater shortly after Sergeant Jonsgaard took his position. They too saw someone with gas mask and body armor near the only car parked there. Sweeney and Oviatt were immediately suspicious because the combat gear was not of the type used by the

department's SWAT team. According to the Statement in Support of a Warrantless Arrest, filed by Detective Craig J. Appel on July 20, 2012, when the suspect was apprehended there was a black semi-automatic pistol with a green laser sight on the roof of his vehicle, an assault rifle on the ground near the rear theater exit, and a semi-automatic pistol in the vehicle. Both handguns were loaded.

The two officers challenged the suspect and arrested him without incident at approximately 12:45 a.m., about 7 minutes after the first call. They handcuffed him and put him into a police car. In the course of initial questioning on the scene, the suspect told them he had acted alone and that he had explosives at his apartment on Paris Street. That statement triggered what was essentially a second event—the investigation and ultimate disarming of improvised explosive devices and incendiaries in the suspect's apartment, which will be discussed in Chapter IV.

Search of Theaters

As more wounded were coming out of the rear of the theater, officers became concerned about the possible existence of a second shooter. Sergeant Jonsgaard entered the theater from the rear exit with four other officers he gathered. They began to search the theater. Another squad led by Sergeant Brian Butler was coming in from the front of the theater (high end). The theater was still dark, the movie still playing, and the fire alarm still sounding. A tear gas-like haze floated inside.

The two teams found a horrific environment—many wounded victims, some clearly fatal—a great deal of blood and body tissue, people moaning, people still evacuating, people hiding behind seats. A shotgun was lying in the aisle, and large quantities of spent ammunition casings were on the floor. Several officers said it was like a battle scene from Iraq or Afghanistan.

The gas in the theater was enough to cause discomfort but not disablement. Because it was not clear how many shooters there were, or whether there were explosives or other harmful substances still in the theater, the police searchers proceeded cautiously but without hesitation. As previously noted, the first officer to enter Theater 9 was a gas technician and able to quickly obtain a gas mask, but most officers went into Theater 9 without waiting for gas masks, or going back to their cars for body armor or long guns. Officers searched and re-searched Theater 9 and the adjacent theaters until satisfied there were no additional threats from shooters, gas, or explosives.

Police said they had a sharp memory of the Columbine High School shooting incident in Littleton, Colorado 13 years earlier, where there were two shooters. This memory and knowledge that the shooter said he had explosives in his apartment led police to take a high degree of caution after their initial attack into the theater.

At some point after police were inside, the theater manager put the lights on and stopped the movie. After wounded patrons were cleared from the theater, police, including by then Arapahoe County Sheriff bomb technicians, searched for hazardous devices that the shooter might have left behind. Crime scene investigators were called in to photograph the scene and to collect evidence. These actions delayed formal identification of the deceased and hence the notification of victims' families, but were necessary. We discuss the coroner and other family notification and assistance issues in Chapter IX, Dealing With The Aftermath.

Emergency Medical Assistance

Inside the Theater – The first officers into the theater did not stop to triage or assist the wounded for fear of additional shooters or explosives, nor were they trained to provide emergency medical services. Appropriately, triage started inside the theater only after initial searches for second shooters and explosives.

Officer Paul Jerothe, a SWAT team member and one of the two Aurora SWAT paramedics, was at the jail when the report of the incident was broadcast. He immediately responded as one more patrol officer answering the general call for assistance, reaching the theater about five minutes later, at approximately 12:44 a.m. Not wanting to add to radio traffic, he did not report "on-scene," so the incident commander did not immediately know of the arrival of a paramedic inside the theater. Jerothe arrived with gas mask, rifle, and ballistics protection, but left his paramedic equipment in his patrol car. He first went to Theater 8 looking for another shooter, directed by moviegoers in the lobby who saw some people being wounded in that theater. They did not know that the victims in Theater 8 had been hit by shots coming through the wall from Theater 9. When Jerothe determined that Theater 8 was secure he moved to Theater 9, joining other officers in making sure the theater was safe and no suspects were hiding. Then he switched to essentially a paramedic role.

As a paramedic, Jerothe first assisted another officer to carry a victim outside, then retrieved his medical kit from his car and began determining who was alive and who was dead, prioritizing the order of victims to be carried out of the theater. He also suggested hospitals to which victims should be taken, knowing their capacities and capabilities. In keeping with best practices in a mass casualty incident when there is only one triage provider, he did not treat victims until finishing triage.

Jerothe's timely arrival was extremely fortunate. Because he had completed medical assessments inside the theater, fire department paramedics did not need to enter the building and did not have to deal with decisions on the level of risk or police escort. Victims with survivable wounds already had been evacuated. As will be discussed in more detail in Chapter V, the fire/EMS response to the theater was slowed by congestion in the parking lot and by units being intercepted by wounded before they were able to get to the theater building. Police officers had

carried or assisted living victims to triage locations immediately outside the theater building. One severely wounded victim was carried out using a backboard obtained from an ambulance.

Because of continued concern about additional shooters and also potential explosives, police did not specifically advise the fire department that the theater area neither was safe, nor did police tell fire that the shooter had been arrested. However, it is unlikely the police would have continued to make multiple requests for emergency medical assistance if they thought the scene was unsafe. The concept of a police-fire coordinated High Risk Extraction Protocol (HREP) had not yet been formalized and only some officers were familiar with the concept.

The need to clearly define threat levels and to distinguish between a "hot zone" with active shooters and a "warm zone" where there is concern but no immediate threat will be discussed further in the Fire/EMS and the Incident Command chapters. Fire department personnel did not enter the theater because the wounded there had already been triaged, and the fire department was told there were only triage category "Black" (deceased) victims remaining. AFD resources focused on the treatment and transport of category "Red" patients (serious injury). But while not critical here, the confusion regarding level of risk could well have been critical were it not for the happenstance of the police paramedic responding to the theater. Fire departments must communicate with police on when and how to affect entry after an initial shooting or bombing is over.

Outside the Theater – After finishing interior triage, Officer Jerothe went outside and triaged victims gathered at the police-staging site behind the theater. He did not treat any victims there. The fire department had by then had established a second triage area behind the theater, and he coordinated with them on patient transport priorities. Three victims were loaded in each of two available ambulances.

Many officers and EMTs outside the theater by now were being besieged by wounded victims and people requesting medical attention for other victims. Most Aurora police officers had not been trained beyond basic first aid, nor did they have any medical supplies in their vehicles. They helped as best they could when fire/rescue personnel were not nearby and there was uncertainty as to whether they were coming to help a particular victim.

Most if not all requests by police for EMS aid were made to the Communications Center, creating delays and information loss for the fire/EMS rescuers. Officers calling dispatch for assistance could not be sure their message resulted in any rescue action and could not tell if sirens or ambulances nearby were responding to their call or another. Several officers reported that they encountered wounded people, called for rescue, but no one came.

Because unified command or a single overall incident commander had not been established, individual police officers radioed for medical assistance without coordinating with an incident commander. This resulted in duplicate requests, unnecessary radio traffic, and an

inability to control and prioritize use if EMS resources. ICS and Unified Command are discussed further in Chapter VIII, Incident Command System and Emergency Operations Centers.

Ambulance Access – The traffic in the parking lot and parked police vehicles blocking roads made it difficult to get fire apparatus and ambulances through the "maze" of vehicles and curbs to get close to the theater and the wounded. Police incident command knew that access for fire and EMS vehicles was clear on the south side of the theater (from East Exposition Avenue), but it required driving over a low median strip. As best we can tell from interviews with many police and fire first responders, the police did not provide access directions or instructions for fire/EMS, assuming they could navigate their own way through the parked cars as had police vehicles.

On the other hand, Fire Command did not ask for directions or assistance to facilitate ambulance access to some clusters of victims. Fire Command had delegated transportation to their ICS Division supervisors, who did not solve the maze. Fire apparatus and ambulances have different suspensions than police cars, and typically are not driven over curbs or raised landscape areas, which compounded perceptions of inaccessibility. There was a swale behind the theater that would have been difficult for fire and EMS vehicles to cross, but that should not have interfered with access from East Exposition.

Police Transport of Victims – When ambulances did not become available quickly enough, decisions started to be made by police and then firefighters to transport some of those wounded to hospitals by police cars. Some police car transports of victims just had the one officer driving the car. Some police car transports had two officers, but they did not have training or equipment to care for victims en route.

At least 27 victims were transported to hospitals in police cars, with at least one officer making multiple round trips. If police officers had not decided to transport victims without waiting for ICS approval, which was outside of existing protocols at the time, a few more victims likely would have died, according to the hospitals. The police incident commander understood the situation and soon approved further use of police cars for transports in light of the problems in getting ambulances to patients or patients to ambulances. More than one officer said that if they had known that fire/EMS was not going to arrive quickly (and in some cases not arriving at all), they would have made the decision to transport by police car sooner. Fire department officials said they were overwhelmed with the incident at that time, and not all requests for ambulances could be honored even if they could have found a route through the maze.

Triage and medical care are complex and critical issues in this event, and will be discussed in more detail in Chapter V, Emergency Medical Services. As will be discussed, rapid transport of gunshot wounds in police cars, rather than waiting for ambulances, may become a more accepted practice nationally. The latest emergency medicine research on dealing with

gunshot wounds pre-hospital is to get them to the hospital ASAP, in police cars if necessary, which is ironic in light of the furor over the police transports in this incident.

Crowd Management

As enough officers arrived to set up a perimeter around the theater building, search its interior, and help tend to the wounded, the next major police concern was stopping moviegoers from leaving the area in order to question them as witnesses. They were also simultaneously

- Checking for more injured victims among the crowd
- Looking for possible additional suspects or accomplices
- Looking for potential booby traps or explosive devices outside the theater, possibly in vehicles in the parking lots
- Dealing with the media in the parking lots attempting to cover the incident.

Parking Lots – The theater complex was surrounded by parking lots intended for the patrons. Beyond them were other parking lots for the nearby mall. Virtually all of the movie patrons had arrived by car and parked in one of the adjacent lots. Figure 12 shows the theater and parking lots.

Figure 12. Century 16 Theater and Surrounding Parking Lots

Lieutenant Dailey, who as noted had assumed command of the areas outside the theater, said that his first efforts were aimed at caring for the wounded, clearing the crowds, identifying witnesses, and coordinating mutual aid.

There were surprisingly few if any onlookers coming to the scene, probably because of the late night time of the incident. The lieutenant was able to change his focus to detaining people who left the theater so they could be questioned as witnesses. Most of the theatergoers had not yet had time to get to their vehicles and leave in the heavy parking lot traffic before traffic control points were established. Lieutenant Dailey directed officers controlling egress to request voluntary cooperation for questioning, or to identify potential witnesses for later contact.

Lieutenant Dailey was also concerned about secondary devices being inside or outside the theater, possibly in parked cars, and ordered police to move the crowd away from the theater to more open spaces. He remarked, as other officers did, that he had the Columbine incident in mind and the lessons learned from it. The Arapahoe County Bomb Squad and FBI bomb technicians who had arrived by now were asked to search the suspect's car and some vehicles in the parking lot. Officers from a K-9 unit used bomb detection dogs to check other cars in the parking lot. Two cars were found to have suspicious packages, but were cleared.

Lieutenant Dailey also had responsibility to organize the mutual aid forces who were responding in large numbers from other jurisdictions. Since no staging or reporting areas for arriving mutual aid police had been established, most outside agency officers drove directly to the theater parking lots and were assigned from there. The mutual aid police vehicles contributed to the congestion in the parking lots.

Sorting and Transporting Patrons – Eventually the outside police incident commander identified an area in which to gather the patrons of Theater 9. Police designated other parking lot areas for patrons of each other theater as well. Although some theatergoers had left, the vast majority were still present at the time this corralling effort was organized, and the parking lots cordoned off. Police later appealed over the media for others who were at the theater to voluntarily come in for interviews, and many did.

Most of the corralled patrons from Theater 9 and Theater 8 were transported by bus or van to nearby Gateway High School, where a large interview team of about 30 Aurora detectives and 45 FBI agents had set up. The Regional Transportation District laudably provided buses and drivers in the middle of the night to do this transport. Movie patrons were interviewed as witnesses to the event, not as potential suspects. Each was photographed in front of a whiteboard containing their personal information, and given a number for further identification. Key witnesses (especially those from Theater 9) were interviewed by Aurora police detectives. Others were interviewed by FBI agents. In total, about 400 people were interviewed. Because police and FBI records are processed differently, the exact number of people interviewed in the school

could not be readily determined. Some patrons from the other theater auditoriums were questioned briefly in the parking lots.

Generally, patrons were cooperative despite being tired and in shock at what they had witnessed. Understandably, many taken to the Gateway school for questioning started getting impatient, as they had to wait hours to be interviewed. The interview process lasted through the night and into the morning, until approximately 8:00 a.m.

Besides investigators from Major Crimes/Homicide, Aurora detectives were called in from every other Aurora investigative unit to conduct the interviews. Mutual aid forces, including officers from the Colorado State Patrol and the Englewood Police Department, provided security during the interview process.

One must realize that it still was not certain that there was only a lone gunman at this time. Interviewers were collecting eyewitness accounts, but also thinking about whether there might be suspects mixed in with the crowd in the parking lots. As it turned out, there were none. Additionally, no weapons were found on any theater patron other than the shooter.[6]

Mall Search – In the early morning hours of the incident, the door to the main shopping mall near the theater complex was found to be unlocked. That raised concerns about the possibility of another shooter hiding or planting explosives in the mall. Lieutenant Dailey assigned much of Denver Police contingent, the largest mutual aid group, to search and secure the mall, under the command of a DPD SWAT Lieutenant. This sub-incident also included other mutual aid officers and K-9s. The Denver helicopter viewed the mall roof. The unlocked door turned out to be an innocuous error, but anything out of the ordinary was evaluated as possibly adding to the threat. Once the suspect said he had explosives in his apartment, there had to be concern about other devices he had not disclosed.

Police Incident Command

Normally, as noted earlier, Aurora has three District Police Watch Commanders (lieutenants) on duty. One is designated as the Duty Lieutenant, with city-wide responsibility for any major incidents on his watch. A police captain or commander (Duty Captain) is always on call, but may be off-duty at home, as was the case at the time of the incident.

[6] The Century theater chain has a no-weapons policy for its theaters nationally, regardless of whether an individual is licensed to carry a concealed weapon or the permissiveness of state law. As happened after the Virginia Tech shooting, blogs and other forums have discussed whether citizens carrying arms would deter mass shootings or reduce the toll after shooting starts—or whether more people carrying weapons would increase the number of shootings. This is a controversial subject beyond the scope of this review.

Although Section 12.9/2 of the APD Directives Manual, entitled *Active Critical Incidents*, states that "The Department has adopted the National Incident Management System (NIMS) for the control and coordination of critical incidents," in day-to-day practice the department does not use a formal Incident Command System (ICS). Police department staff assume that the Duty Lieutenant or other ranking officer will be the incident commander for a major incident.

As also noted earlier, the initial incident commander for the theater shooting was Lieutenant Lanigan, and the incident command post was wherever he was located. (Later in the incident, a formal command post was established in the command and communications vehicle.) After Lieutenant Dailey arrived, Lanigan maintained overall command but requested Dailey to take charge of the actions outside the theater.

On the evening of the shooting Captain Jim Puscian was the on-call Duty Captain and Deputy Chief Jones the Duty Executive. Both responded to the theater from home after being notified of the shooting. Deputy Chief Jones received notification at approximately 12:50 a.m. that 20-30 people had been shot. Shortly thereafter, Lieutenant Paul O'Keefe, Acting Commander of the Investigations Bureau, was advised of the incident and directed to deploy his investigators. Police Chief Oates, Deputy Chief Jones and Captain Puscian arrived sometime prior to 1:30 a.m. Most victims had been transported by then. Because of the high volume of tactical radio traffic, Captain Puscian had not radioed while en route that he would be assuming command upon his arrival, as he had intended to do. When he viewed the situation first hand, he did not feel any change was needed in the "inside-outside" command structure that had been established, and left it to continue functioning as it was.

Eventually three command post vehicles were used at the scene—from Aurora police, Aurora fire department, and nearby Greenwood Village. By the time Captain Puscian was ready to set up a more permanent command post, the primary Aurora command vehicle had been preempted for public information activities. He relocated to a regional command vehicle that was not as suitably equipped to support his command needs. In hindsight, there were some second thoughts about allowing public information to take over the command vehicle, but it did facilitate that important function.

Strategic Reserve – No strategic police reserve was held back for a potential second incident. All available units were sent to the theater. Police command wanted to make sure they had enough officers to deal with the large shooting event and the more than 1,200 patrons in the parking lots. With little other police activity going on in the city, police officials believed it would have been relatively easy for even a large number of officers to detach from the theater scene for a second incident if necessary, and so they decided to focus their resources on the major incident at hand. Another factor in this decision was that the streets were relatively empty, so travel to another part of the city would not have taken as long as at other times. Also, Denver

and other nearby agencies had large police forces that could have assisted in another major incident.

Essentially, there was a second incident—dealing with explosive devices at the suspect's apartment on Paris Street—and a significant number of officers indeed were rapidly re-deployed there after serving at the theater scene.

Police-Fire Communications – The police department was unable or did not know how to communicate directly with the fire department, in spite of a fully interoperable radio system. The fire incident commander was not immediately aware of the magnitude of the incident, and did not have an accurate picture of the risk level. Critical content was lost as information was relayed from police to fire through the Communications Center.

The Aurora police had multiple talk groups (channels) available. Primary dispatch talk groups (PD-1, PD-2, and PD-3) were used for communications inside and outside the theater during the first hours of the incident. Another channel, Blue Southeast, was used by the Communications Center to establish contact with responding mutual aid units. Lieutenant Lanigan initially wanted all the primary dispatch talk groups (PD-1, PD-2, and PD-3) to be patched together, but later changed his mind and assigned one talk group to inside operations and one to outside operations. He lamented that he could not communicate directly with the fire department or with responding mutual aid units.

Police and fire radios contain mutual system and talk groups. However, it is cumbersome to switch between police and fire channels, and the "scan" feature is not sufficiently reliable to prevent communications gaps. Additionally, police and fire department personnel did not participate in regular communications interoperability drills. The joint command communications problem contributed to not getting ambulances to victims that were reachable by police cars.

Police-fire personnel relations suffered for months after the incident. Some police officers openly criticized the fire department for not responding adequately to calls for rescue during the incident, without realizing the communications problem and that police did not escort fire personnel nor help fire personnel figure out how to get through the maze of vehicles (including parked police vehicles). On the other hand, the fire department did not take the initiative to adequately scout the situation and solve the access problem.

The Communication Department had access to Everbridge, an interactive communications and notification system, but did not use it to make notifications of situation status to other police and city staff personnel. As a result, the police incident commander and the Communications Department supervisor personally had to make notifications while trying to manage a difficult situation. It appears that the Communications Center personnel in 2012 did not know how to patch Blue Southeast to Aurora PD-1 or PD-2, or the equipment was not configured to do so. At one point, the Aurora Communications Center, at the request of

Lieutenant Lanigan, asked the Lakewood Communications Center to make the patch, but Lakewood did not have that capability either. Current Communications Department staff demonstrated to us (in 2013) how Blue Southeast can be patched to Aurora talk groups.

Liaison with Fire Department – There was no unified command (joint police-fire incident command) at this incident. Late in the incident there was a fire liaison positioned with the police commander. Earlier requests for a face-to-face meeting between the fire department and the police department incident commander went unanswered. The external police incident commander said he requested the acting battalion chief who was fire incident commander to meet him in front of the theater, but that did not happen. The Fire Department rationale was that the acting Battalion Chief did not want to abandon his command post per ICS/NIMS policy, but no one was asking Battalion 1 to abandon his command, just to move it. Battalion 1 had assumed that Chief 7 (the Fire Department Shift Commander) was dispatched as per policy (which he was not) and later requested Chief 7 to be dispatched. At 1:05:41, Dispatch informs the Battalion Chief that they are starting Chief 7. At 1:05:51, he replies "Copy." Battalion 1 assumed company officers were coordinating with police.

At approximately 1:15 a.m., Lieutenant Lanigan walked several yards across the parking lot to where the fire department Incident Commander (Battalion 1) was located. Lanigan requested that the Battalion Chief accompany him to the front of the theater. However, by that time, Chief 7, had arrived and decided to fill the police-fire liaison role. Chief 7 had been available in quarters but was not alerted until at least 30 minutes into the incident. He responded at 1:11 a.m. arrived on scene at 1:16:58, 38 minutes into the incident. At 1:27 a.m., 48 minutes into the incident, Lieutenant Lanigan was still requesting a "Fire Chief" in front of the theater. At 1:28 a.m. Chief 7 advised he "will be liaison with the police department … and may change the command structure," but did not assume command, leaving it to the Battalion Chief (who was a captain acting as Battalion Chief).

The information transfer problem was clearly demonstrated when at 1:12 a.m. (33 minutes into the incident), Battalion 1 advised Chief 7 "So far, it's running pretty smooth" when, in fact, the police were facing a chaotic situation and ambulances were not getting through to many of the wounded. The fire department's contention that this transmission represented an effort to establish a calm command presence and to describe the current ICS/victim transportation situation cannot be supported by the totality of circumstances.

Many police officers said that they could not get rescue personnel to respond to places where they were guarding, consoling, or attending to the wounded. They thought ambulance staging was set up too far from the theater (at East Exposition Avenue and South Sable Boulevard), about a quarter mile away. A request from Truck 2 to stage ambulances on South Sable (within easy walking distance from the rear of the theater building) was not accomplished.

Special Weapons and Tactics – There was no time to deploy the Special Weapons and Tactics (SWAT) team before the shooting stopped. It was over by the time the first police officers arrived, though several members of the SWAT team were part of the initial response and played key roles.

In active shootings, time is of the essence in neutralizing the shooter, hence the strategy of having officers trained to go to the gunfire even if not equipped with high threat level body armor or helmet and are alone. This is different from a hostage or barricaded shooter situation in which there is more time to choose which forces to assemble and how to deploy them. Deployment rules need to be worked out ahead of time for various active shooter scenarios.

The SWAT Team Commander, Lieutenant Mike Dailey, was on duty at the time of the incident and heard the initial calls from dispatch. He headed to the theater on his own, and did not broadcast that fact for the same reason cited by the other officers—keeping radio channels clear. He assumed other members of his team heard the same message and would respond as officers, not as the team, which could be assembled later if needed, but for which there was no immediate need.

When Dailey arrived, he met with Lieutenant Lanigan and checked to see if the active shooter protocol had been enacted, including a search of the building. When satisfied it was, he volunteered to take command outside the theater so Lanigan could focus on command inside the building. That worked well.

Mutual Aid

The planned mutual aid for a large scale incident was crucial to the success in responding to this incident. Early in the event the Communications Center notified neighboring jurisdictions that a large scale shooting had taken place and that they might be needed. During the incident the requests were refined. Eventually, about 100 law enforcement officers from almost every nearby jurisdiction responded to help.

Due to the lack of a designated Mutual Aid Staging Area and not assigning a Staging Officer, initial deployment of mutual aid officers was uncoordinated and confusing. Eventually, a Denver SWAT Lieutenant arrived and took control of the majority of mutual aid resources. He led a coordinated search of the shopping mall near the theater.

One mutual aid sergeant lamented that officers from other jurisdictions did not respect his rank and would not obey his instructions. As a result, some mutual aid officers began performing duplicate duties or self-assigning to jobs inconsistent with overall needs.

Federal Bureau of Investigation – Police Chief Oates personally called the Denver FBI Special Agent in Charge (SAC), requesting assistance. The FBI soon sent over 100 agents and specialists to assist in the crime scene investigation, questioning of witnesses, and disarming the explosive and incendiary devices at Paris Street. FBI agents played a significant role in these

assignments. The FBI also had the capability to conduct immediate out of area interviews as needed. Prior to this incident, Chief Oates had established a personal relationship with the FBI SAC, which aided immeasurably in establishing working relationships in response to this incident. The APD had an officer assigned full-time to the Denver Joint Terrorism Task Force (JTTF), which further solidified joint operations.

Denver Police Department – Denver sent a huge force of 97 officers and supervisors, commanded by a SWAT Lieutenant. As discussed earlier, they assisted not only in helping with crowd control, but played the major role in searching and clearing the mall when it was thought there might be another shooter there. In addition, Denver Bomb Squad personnel also assisted at the Paris Street part of the incident.

Jefferson County Sheriff's Department – When Jefferson County Deputy J.J. Smith received a page notifying him of the incident he immediately responded from his home in Aurora, arriving at the theater at approximately 1:50 a.m. Deputy Smith is essentially the informal coordinator of Denver area K-9 officers, through their joint training and related activities. As such, he was able to deploy K-9 resources and coordinate their field operations. He used a satellite map of the area surrounding the theater building to divide the workload, and assigned individual dog handlers to specific areas. K-9 support was received from Adams County, Boulder County, and the City and County of Denver Sheriff's Departments; the Westminster, Golden and Arvada Police Departments; and Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF).

K-9 teams searched the interior of the theater building by dividing it into sections, based on the theater's fire diagram that they removed from a wall. The working dogs have time and use limitations that must be monitored, and the dogs were assigned accordingly. It was not possible to use the dogs to search Theater 9 because their senses are adversely affected by gun smoke.

Arapahoe County Sheriff's Department – Arapahoe County bomb technicians searched the suspect's vehicle and checked the theater for explosives and other hazardous devices. Arapahoe deputies helped as needed, including security at the Mann Chinese Theater on South Parker Road in the event other attacks were planned.

Adams County Sheriff's Department – Adams County deputies assisted with crowd control around the theater. Their bomb technicians played an important role in dealing with the explosives at Paris Street, as will be discussed in the next chapter.

Bureau of Alcohol, Tobacco, Firearms and Explosives – The APD had an officer assigned full-time to work with the Denver ATF office. As with the FBI, this prior relationship contributed greatly to the rapid deployment of ATF resources to this incident. As part of the eventual resource management plan, ATF participated with federal and local partners participated in the destruction of explosives found in the Paris Street apartment, and helped immensely with rapid gun tracing.

University of Colorado Police Department – The University of Colorado Police Department is headed by Chief Doug Abraham, a retired APD Division Chief. He knows the Aurora Police command staff and is familiar with their operations. University police officers have access to APD radio talk groups. As the theater incident was unfolding, University police officers provided security at various medical facilities, relieving Aurora officers of this responsibility. Since the shooter was affiliated with the University, there was concern that students and faculty might be at risk. Chief Abraham commended the Aurora Police command staff for keeping him informed as information developed.

Key Findings

The combined actions of Aurora police, fire and public safety communications saved all the injured who had suffered survivable wounds. Police apprehended the shooter immediately upon arrival at the scene. These optimum results were obtained thanks to many individual police officers and firefighters making sound emergency decisions under great pressure.

Overall, there probably could not have been much better deployment and results than the Aurora police achieved. They deployed on the fly, with self-deployments initially, then gradually implementing more formal incident command. The one large exception to the success was the inadequate relationship with fire department command during the key part of the incident, but that did not affect the outcome—at least not this time.

This incident gives additional evidence that rapid response to active shooters is imperative; 15-20 victims were being shot per minute for about 4 minutes. Every minute counts in reporting and responding to an incident.

The training and exercises conducted for an active shooter response helped contribute to the successful outcome. Individual officers understood the strategy and tactics, which enabled them to self-deploy to maximum effect, without needing micromanagement from incident command.

A massive, rapid police response was possible in part because the shooting occurred during shift change, on a weekday midnight when there was little other police or fire activity, and at a location close to police headquarters and hospitals.

Police and fire commanders did not establish a unified command during the first hour and did not communicate effectively using available radio systems in the initial, critical minutes of response, triage and transport. No procedures were in place to ensure face-to-face contact or direct communications between police and fire incident commanders.

Access routes for ambulances were not adequately identified and kept clear. Police officers generally could not move police vehicles not assigned to them because the cars are not keyed alike.

There were difficulties in keeping mutual aid agencies informed on the incident specifics. The agencies could communicate with the Aurora Communications Center using "Blue Southeast" but could not be patched to Aurora police talk groups.

SWAT team paramedics are few in number in Aurora, as in most police departments of similar size. One cannot count on having a SWAT paramedic available as soon as needed. Police in Aurora and most departments have depended on their fire or EMS department to provide medical assistance for gunshot wounds, but these wounds to civilians or to police themselves may need immediate attention, possibly in a hot zone before fire paramedics are allowed in. This raises the need for more training and equipment for police for tactical emergency medicine.

Law enforcement officers from the state patrol, most surrounding jurisdictions, and the FBI and ATF responded to the scene. This was possible from previous regional training, participating in regional exercises and joint task forces, and personal relationships that had been established. When the neighboring communities, state and federal agencies were called, they responded immediately, in force, with the right types of personnel, and stayed until no longer needed.

Police received excellent cooperation from the non-public safety departments in Aurora, notably the buses and drivers provided to move eyewitnesses to a nearby school for interviews.

Recommendations

1. **Pre-incident Planning.** Revise pre-incident planning and training for an active shooter or bomber. Aurora police had paid great attention to this planning prior to the incident, and have been refining their approaches in light of the lessons learned. Police in departments small as well as large must plan in advance for a large-scale critical incident response, including pre-planned mutual aid and mutual assistance. Such planning should include establishing joint command with fire, building diagrams, internal contact telephone numbers, mutual aid staging locations, and communications procedures.

2. **Unified Command.** Plan and practice unified command for complex incidents. The Aurora police and fire departments have changed procedures and have trained on active shooter and other major emergencies, including how to ensure there will be face-to-face contact between police and fire commanders. Joint police-fire training has been approved for the rapid deployment of four-person (two police, two fire paramedic) "combat" medical treatment and extraction teams. Radio procedures also have been changed in an attempt to improve police-fire communications.

3. **Identifying Incident Commander.** Clearly identify who is the incident commander. At least one mutual aid command officer advised that due to the presence of many high-ranking Aurora police commanders, he had difficulty in determining who was in

charge and to whom he should report. This problem was compounded by lack of a designated staging area and staging officer. The Incident Commander should announce his status and location on all pertinent radio talk groups (channels) or have the information rebroadcast by the Communications Center. As higher-ranking staff members arrive, they can assume command at their option. ICS command vests help in identification.

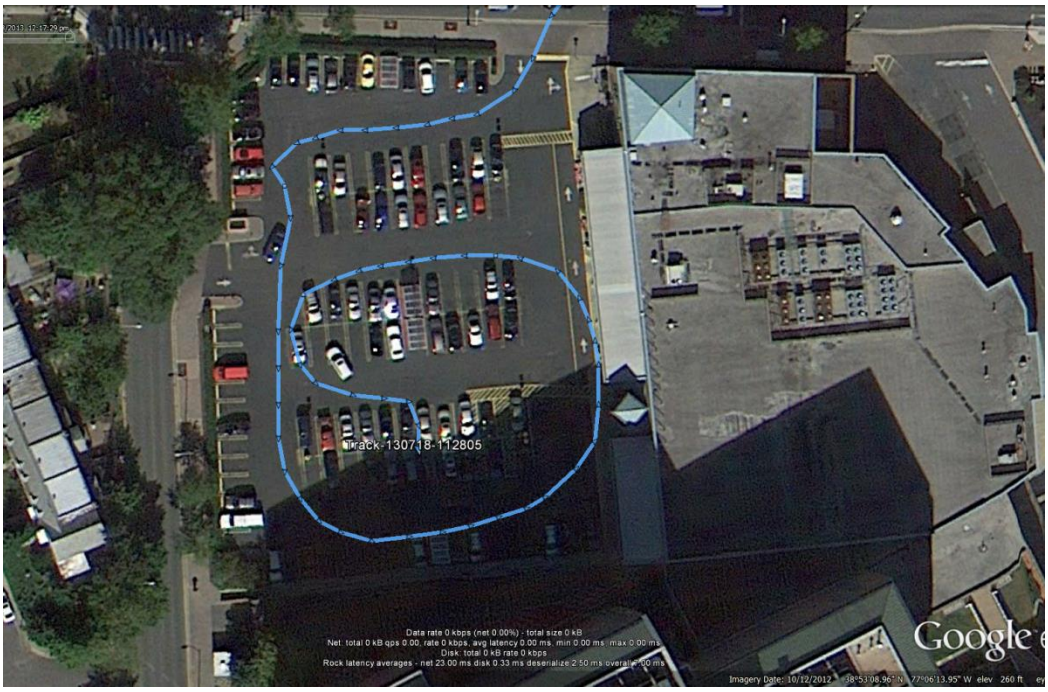
4. **SWAT Paramedics.** Train several more fire or police personnel as SWAT paramedics. Dispatch SWAT paramedics to active shooting incidents where victims may be in the hot zone. The location of SWAT paramedics on duty should be known to the extent possible. SWAT paramedics should report their arrival on scene.

5. **Ambulance Access.** Keep paths open for ambulances, and discuss access issues with fire/EMS as they occur. Likewise, fire/EMS should actively seek access routes. It cannot be assumed that if one police car finds a path to a victim, other fire and police units will be able to do so too. Ambulance access should be a high priority task of police and fire incident command, but may get lost as the first attention of police is stopping and apprehending the shooter(s). Factors to consider for facilitating access:

   - Initial parking of police vehicles.
   - Repositioning police vehicles, which would be easier if the department uses universal car keys. Universal keys have their pros and cons, but many departments use them. Further research is needed on how to handle this with "chip" controlled vehicles.
   - Towing or pushing civilian vehicles out of the way.
   - Determining in pre-plans and purchase decisions whether ambulances and fire vehicles can be driven over curbs. Educate fire and ambulance drivers as to what heights of curbs and off-road terrain are likely to be traversable.
   - Familiarization of fire, police, and ambulance crews with street and parking lot geography.
   - Having a police vehicle lead ambulances up to triage areas.
   - Sending pictures or maps of the parking lots or street configuration in real time, using photos from helicopters, remotely piloted vehicles, or fixed wing aircraft.
   - Using pathfinder vehicles to show the path through congestions. Once one vehicle figures out how to get through a maze, the path can be sent to ambulances or other vehicles using apps on smart phones, or possibly via email from the pathfinder to the communications center for relaying to others. (See example in Figure 13 of a

path recorded by a smart phone app and emailed to another—a demonstration made by the project review team.)

Figure 13. Example of Recording a Vehicle Track



6. **Wearing Armor.** In addition to wearing protective vests, uniformed officers should carry active shooter armor kits. The Department of Justice requires patrol use of protective vests if DOJ subsidized their purchase, but there is no requirement for additional ballistics protection. If the shooter's weapon had not malfunctioned, Aurora police would have arrived while the shooter was using a high powered semiautomatic rifle. Rapid arrival and a policy of confronting a shooter increase the need for protective equipment.

7. **Tactical Medical Kit.** Officers assigned to patrol should have a tactical medical kit (like IFAKs). While the main motivation is to be able to assist wounded officers, the skills and equipment can be used for civilians as well. At the Tucson, AZ shooting incident on January 8, 2011 in which Congresswoman Gabrielle Giffords and several other people were shot, lives were probably saved because the Tucson police had combat medic kits and training which they used to attend to some of the gunshot wounds. Since the Aurora theater shooting, a medical kit has been developed for Aurora officers. The department established a training schedule, with priority given to patrol and school resource officers who are most likely to be involved in active shooter incidents. Details on the kit are discussed in Chapter V.

8. **Gas Masks.** Police should broaden their training on use of gas masks, if not already done. Gas masks can protect officers from hostile gas munitions as well as gas munitions they deploy themselves.
9. **Reducing Stressors.** Reduce noise and light stressors at incident scenes as soon as possible. Sound and darkness add to confusion and make it difficult to identify hostiles. They also may hinder evacuations and search and rescue efforts. Movie and alarm shut-offs and switches for theater lights would be useful for public safety personnel. Theater personnel should not be expected to stay behind and operate shutoffs in a hostile environment.
10. **Staging Mutual Aid.** Stage mutual aid assistance forces when their help is not needed for the active shooting portion of the incident. Establish the staging area remote from the incident scene. Assign a staging officer from the primary jurisdiction. The staging officer under NIMS/ICS guidelines may direct specific assignments. Mutual aid forces would be dispatched from the staging area. If the shooting had taken place on the border of Aurora, mutual aid units might have been closest, and in that case should follow the same strategy the primary jurisdiction uses. Prior agreements should be reached regarding the authority of outside agency supervisors and their ability to direct officers from agencies other than their own.
11. **Air Support.** Develop agreements for air support for critical incidents; consider procurement of a low-cost Remotely Piloted Vehicle (drone). Many studies have shown that airborne monitoring can increase safety of pursuits, help set up perimeters to contain suspects, respond quickly to criminal activity, and assist in other activities. However, operating rotary or fixed wing aircraft for surveillance is expensive. The APD does not have independent air support, but is generally able to obtain airborne coverage from the Denver Police Department. Unfortunately, at the time of the Century 16 Theater shooting, the Denver helicopter was not immediately available. A relatively new, cost-effective alternative is to use a small helicopter drone that provides aerial imaging for the incident commander. Some cost less than $5,000 and can be operated with no more skill than needed for a model airplane. The images might have been of use to both fire and police command in this incident, and would have been helpful if the event had gone on longer.

12. **Incident Command System.** Activate the ICS and establish a unified command as soon as possible. The need for formal ICS varies from incident to incident. Activation of ICS does not mean waiting until every element of the ICS system is in place before acting. The main ICS deficiency in this incident was the failure to quickly establish a unified command between Aurora police and fire, and a failure to establish a transportation group to coordinate transports. (See the Incident Command Chapter for further discussion.)
13. **Second Duty Lieutenant.** Designate someone not involved in the incident to be responsible for the remainder of the city when the senior commander is focused on a major incident. While Aurora was fortunate to be able to devote virtually all of its police resources to the theater shooting for the first several hours, this will not always be the case. It may be necessary in some incidents to turn over regular patrol operations to mutual aid forces and their commanders or "double-up" mutual aid officers with Aurora officers.
14. **Command Post Location.** Locate the command post at a safe distance and maintain a scene safety zone. Although there was some suspicion that a second shooter may have been involved and the area had not been cleared for explosive devices, the command post and most of the command staff were located directly in front of the theater building. Additionally, witnesses were initially allowed to remain in the general vicinity of the theater parking lot. Had there been a second shooter or explosive device, all of those people would have been in a danger zone.
15. **Designate a Safety Officer.** As the incident unfolds, a police command officer not directly involved in management of the incident should be designated as the Safety Officer responsible for monitoring activities and advising the Incident Commander if circumstances develop that adversely affect officer safety. This is a routine procedure for fire departments during major incidents.
16. **Command Vehicles.** Specialized command vehicles or trailers should be reserved for commanders to use, and not be taken over by public information officers.
17. **Automated Note-taking.** Officers can make use of "smart phone" note taking and video capability. One officer reported that he used his cell phone to record witness identification and statements in the theater parking lot. Smart phones also may be used to record the location of evidence and victims or transmit pictures to the command post or police headquarters. In the absence of smart phone technology, officers can notify the Communications Center on an alternative radio channel or talk group (separate from the primary dispatch or incident command channel) so that CAD notes may be updated to create a permanent record.

18. **Building Side Nomenclature.** Harmonize designations for building sides. At this incident three different identification systems were in use—compass direction (i.e., Northwest Corner, East Side, etc.), building sides A. B, C, and D (Fire Department system), and building sides 1, 2, 3, and 4 (Jefferson County K-9 system). An agreement would be desirable to establish one system for Denver area agencies.
19. **Lab Mutual Aid.** Consider use of mutual aid resources to reduce lab overloads. The crime lab became overloaded by the vast amount of evidence collected at the theater and the Paris Street apartment. The ATF laboratory was uniquely well equipped to process gun evidence and could have been tasked more to share the crime lab workload.
20. **Officer Rest and Recovery.** Several officers reported being required to return to work with little sleep and limited psychological assistance. When possible, fatigued officers exposed to high levels of trauma should be relieved by officers who were off-duty when the incident occurred. As soon as a critical incident is stabilized, assign someone to plan for continuity of operations.
21. **Defer Reports.** Defer report writing until officers have had time to recover. Many officers advised that although exhausted (and in some cases traumatized), they followed normal procedures requiring submission of written reports before going off duty. Also, fatigue can impair report quality.
22. **Crime Scene Security.** Make sure the scene is secure. One entry control point should be established and records maintained of all persons entering and leaving the crime scene.
23. **Decontamination and Hydration.** Be prepared to set up officer, firefighter and EMS decontamination and hydration stations. Several officers were covered with blood and did not have access to clean water for washing and drinking. Consider procurement of a suitable “cleanup/hydration” station for use at major fires and police emergencies, if not available from fire rehab vehicles.

CHAPTER IV. PARIS STREET APARTMENT

When arrested by police officers minutes following the shooting, the suspect told them he had explosives rigged at his apartment that would go off if tripped. He lived at 1690 Paris Street, Apartment 10, a three-story residential building in an area surrounded by other multi-family dwellings. Police units, including Aurora SWAT team members, and narcotics investigators were immediately dispatched to secure the area, and prepare for bringing in bomb squads. Most of the initially assigned personnel came from the theater, where the majority of on-duty personnel were still working.

While clearly tied to the main incident, the Paris Street situation merits its own review. The TriData project team was asked to focus on the coordination of the evacuation and rendering safe process, not the sensitive technical details of the device disarmament. The bomb squads and other agencies' unified approach to the Paris Street incident was exemplary. Their response prevented significant damage to the building and avoided injuries to response personnel and residents.

The Paris Street building lies in the Adams County sector of Aurora, and that county's bomb squad has primary responsibility for dealing with the explosives in Aurora. Aurora does not have its own bomb squad. Upon being advised of potential explosive devices, Adams County dispatched their bomb squad, later to be joined by members of other bomb squads as well as FBI and ATF bomb technicians.

Evacuation and Security

A team of Aurora police officers arrived at Paris Street at about 1:30 a.m. on July 20. Besides the potential for explosives, officers were concerned that a second suspect might have escaped from the theater and was hiding in or near the apartment. The narcotics investigators who were among the first to respond were in plainclothes, and able to covertly observe the apartment.

Police took steps to immediately secure and then evacuate the building. Officers established a perimeter around the building, setting observation and "cover" positions, including deployment of a BEAR (Ballistic Engineered Armored Response) tactical vehicle. Observers were positioned on a nearby roof. Police began to evacuate the residents, many of whom had been asleep.

A formal ICS was established shortly after the first police units arrived. An Aurora police lieutenant, Tom Wilkes, the Relief SWAT Commander, initially had responded to the theater about 2:00 a.m., but then was sent to Paris Street to take command of that scene. He requested and received a command post vehicle from neighboring Brighton, Colorado, since the Aurora mobile command post was already committed to the theater.

Initial Evacuation – Beginning at the top floor where the shooter lived, and working down through the building, officers knocked on apartment doors and told people to evacuate. Because of the expected presence of explosives and possibility of booby traps, officers had not yet directly approached the shooter's apartment. Officers also believed it might be unsafe to approach Apartment 9, located directly across the hall from the suspect's apartment, so an officer threw rocks at that apartment window from outside the building to get the occupants' attention. When the occupants came to the window, they were told to shelter in place until they could be rescued.

Some residents of the apartment building did not speak English. A few officers were able to give the alert in Spanish. Some residents spoke an Asian language that was not immediately identified, and either they did not understand what was happening or they did not want to evacuate. Police eventually got them and all other residents to leave the building, about 16 in total, making it clear they did not have the option of staying. Residents were not told about explosives or the shooting, just that there was an emergency in the building that required they leave immediately.

All vehicles in the apartment building parking lot were visually examined contemporaneous with the building evacuation, and later were cleared by bomb detection dogs. At about 6:45 a.m. a decision was made to have the vehicles towed and stored.

Further Evacuations – The next building to be evacuated was 1685 Paris Street. Residents were told to take whatever personal belongings they might need and evacuate by car if possible. Residents without transportation were driven to the Aurora Police Academy. Two more buildings in the vicinity also were evacuated. Ultimately, all residents of 11943 East 17th Avenue, and 1685, 1686, and 1678 Paris Street were evacuated, as well as the suspect's building, 1690 Paris Street. The police perimeter expanded to cover the enlarged evacuation area.

Evacuation Center – Displaced residents were transported to the Aurora Police Academy gym by police van where cots and water were available. Later, Aurora Central High School was set up for the evacuated residents needing extended assistance, and who did not have friends or relatives who could shelter them. School officials and the Red Cross assisted police at the evacuation center.

After they were evacuated, most apartment residents of the suspect's building were interviewed individually concerning their knowledge of him and his activities; however, little useful information was collected.

"Slow Clear" – After all evacuations were completed, the incident commanders were able to start a slow, careful process of checking for explosives and starting the disarming process. Bomb technicians coordinated each step with the unified command team before proceeding to the next.

A "slow clear" team was deployed to check every apartment and every possible storage and concealment area for explosives, hazardous materials, and evidence. The officers used a ballistics blanket for protection and entered apartments and spaces using lock picks, bolt cutters, or breaching tools as necessary. The interior slow clear process was delayed until concerns about possible explosives on the building roof were resolved.

Inside Suspect's Apartment

Noise Disturbance – When the first officers arrived on the third floor, the suspect's apartment door was slightly ajar. According to Communications Center records, at 12:09 a.m. (just prior to the start of the theater shooting) annoyed neighbors had called 911 to report a noise disturbance (loud radio). One neighbor later told police that she had knocked on the door of Apartment 10 in an attempt to get the occupant to stop the noise, but received no response. According to that resident, the loud music continued until approximately 1:00 a.m.

It was later learned that before leaving his apartment the suspect had set a several minute delay after which his computer would start to play loud music. Apparently, this was intended to invoke a complaint that would result in a police response. Fortunately, the noise complaint was assigned a low priority by the Communications Center and was not immediately dispatched. Before the disturbance call surfaced in the prioritized dispatch queue, the theater attack had occurred and the shooter's apartment had been identified as possibly booby-trapped.

Because the shooter told police he had explosives in his apartment, great caution was taken in approaching the building. Had the police arrived earlier for the noise complaint and pushed the apartment door open, they could have triggered a potentially deadly explosion or fire.

Surveillance Robot – A small surveillance robot operated by the APD SWAT team was maneuvered to a position in front of the suspect's apartment door to watch for any movement. It was still not clear if anyone was in the apartment at this point. To keep the door from swinging open and hitting a possible tripwire, officers tied it off. With the robot in place and the door secured, the police evacuated the previously alerted residents of Apartment 9 across the hall then all officers exited the building, and the surveillance robot was operated from the BEAR armored vehicle.

Bomb Robot – Shortly after the apartment building was evacuated and with the small surveillance robot in place, the Adams County Bomb Squad deployed their large bomb robot to the front of Apartment 10. Continued announcements were made over a police car public address system for anyone in Apartment 10 to surrender. When no response was received, a decision was made to use the robot to breach the door. With the bomb robot in place, the small robot was moved to another location where bomb squad activities could be observed through its camera from outside the building. After the apartment door was breached and what appeared to be explosives and trip wires were seen on the robot's video camera, police operations stopped and

further neighborhood evacuations were ordered in light of the multiple, significant explosives seen.

After the surrounding neighborhood buildings were evacuated and the residents moved to a safe place, and additional bomb technicians arrived, it was decided to use a fire department "bucket" truck to reach the third floor and break out a kitchen window in the shooter's apartment (see Figure 14). From that vantage point, the presence of explosive/incendiary materials, trip wires, and other suspicious items was confirmed. Further observations were made using a pole camera inserted through the broken window.

Figure 14. Bomb Technicians Access Third Floor at 1690 Paris Street, Apartment 10

Render-safe Plan

As bomb technicians began to understand the nature of what appeared to be numerous improvised explosive devices, fireworks, multiple containers of unknown liquids, electrical wiring, unknown powder of various colors, and small arms ammunition, a three-phase render-safe plan was developed involving the bomb robot and specialized render-safe techniques and tools. Render-safe procedures were temporarily suspended pending a public safety interview with the subject to get more information, and the apartment scene was secured for the night.

On July 20, at approximately 3:45 p.m., representatives from the FBI and APD met with the shooter. His information agreed with what was being observed, but could not be totally trusted, and was not relied on in making the "render-safe" decisions.

Besides the explosives in the apartment the shooter also had placed a "boom box" in the apartment building dumpster with a 40- minute delay before it, too, started playing loud music designed to attract the attention of a passerby. A toy car with a remote control transmitter also was placed in the dumpster with the boom box. It is believed that the shooter hoped someone

would hear the music and play with the car transmitter that was designed to trigger the explosives in the apartment. The shooter told investigators during the public safety interview that the boom box, toy car, and remote control were "diversion devices" designed to keep police away from the theater. Someone who was an occasional visitor to the neighborhood found the boom box, but the car and remote were never recovered.

Had the shooter's diversion plans worked, it is highly likely that some law enforcement personnel and building residents would have been killed or seriously injured. The extremely dangerous nature of the explosive material was confirmed when it was later detonated at a safe location.

At approximately 6:30 a.m. on July 21, 2012, following approval of the render-safe plan by all on-scene commanders, including the Aurora police and fire chiefs and the FBI Special Agent in Charge, phased render-safe operations inside the apartment were commenced. Before each render-safe action was taken, operations stopped until the move was evaluated. This go-slow operational plan was thought to be critically important to get the best consensus for each move. With the neighborhood safe, the bomb squad personnel could go at their own pace, and protect themselves as well as the property. Operations progressed smoothly:

- At 9:00 a.m., the booby trap was rendered safe.
- At 11:30 a.m., an electronic control box was disarmed.
- By 2:00 p.m. other components had been examined.
- By 3:30 p.m. all potentially hazardous devices had been rendered safe and all suspicious items cleared by bomb technicians.

Due to the highly dangerous nature and quantity of explosive and incendiary materials found in the apartment, transportation of them in a normal bomb disposal unit was not considered wise. The team opted to use large sand trucks. The AFD Emergency Management Office Coordinator arranged for the City of Aurora Public Works Department to provide three trucks on standby. The explosives were taken to a remote location using one of the dump trucks loaded with sand. Law enforcement escorted the loaded truck to the disposal site.

At approximately 5:30 p.m. the scene was considered secure and released to the APD for further investigation.

Once the incendiary and explosive devices were removed, the apartment could be searched, and computers, computer records, and other information recovered. Robots were used to recover some evidence even before the final disarming. (One of the problems at several previous mass shooter incidents in the United States was the failure to locate the perpetrators' computers or find them intact. At Virginia Tech, the hard drives were apparently disposed of and never found. In other incidents, hard drives had been destroyed.)

Inter-agency Cooperation

Several agencies were involved in securing the Paris Street area, preparing for possible explosion, and finally disarming and removing the multiple improvised explosive and incendiary devices found in the apartment.

The AFD provided fire companies to stand by throughout the Paris Street incident. They were prepared to extinguish any fires caused by an explosion or incendiary device, and to assist anyone wounded. Fire crews set up hose lines to protect the bomb technicians and investigators who entered the apartment. Safety officers were assigned and crews were rotated due to the very hot weather. A rehabilitation unit was brought in.

It was agreed that the AFD would immediately take over incident command if there were an explosion or fire. They worked closely with Aurora police, FBI, and ATF in a unified command structure. Fire officials deployed an aerial fire truck with a bucket to provide a platform for viewing and access into the apartment's interior through the third floor windows.

As previously stated, Aurora does not have its own bomb squad, and was dependent on the other local bomb squads and bomb technicians of federal agencies, but APD was in command of evacuation and security of the subject's apartment building and neighborhood.

The FBI bomb experts played a major role in the analysis and disarming of the IEDs. FBI bomb experts from the Denver Field Office worked closely with Aurora police, fire, and other bomb squads. Pictures from the robot video camera were transmitted live to the Bomb Truck and some images were transmitted to experts at FBI offices in the Washington, DC metropolitan area. When the complexity of the situation became apparent, the FBI sent additional resources to Aurora. ATF agents also provided assistance.

Aurora officials and the FBI reported that the county bomb teams, city police, city fire commanders, FBI and ATF worked seamlessly together in this event, exchanging information and ideas on how to proceed with each step. All federal, state, and local bomb technicians attend the same bomb school at Redstone Arsenal in Huntsville, Alabama. They have the same basic training and use the same standard operating procedures. Some individuals have higher level training and more field experience than others do, but they all operate from a common set of concepts and have a common lexicon. In the Denver area, local, state, and federal bomb technicians trained together. All of this facilitated smooth integration of unit operations during critical incidents.

Contrary to some initial reports, there were no outside agency bomb technicians who self-dispatched to the scene. Assistance and equipment were offered from the New York City and Los Angeles police departments. Both agencies possess unique experience and equipment, and volunteered their experts, but they were not needed.

Knowing what capabilities exist throughout the United States is critically important because many bomb squads do not have immediate access to the necessary specialized equipment, and it may need to be transported from jurisdiction to jurisdiction.

As in this case, it is important for criminal investigators to rely on bomb technicians when preparing search or arrest warrants so that the device or devices can be accurately described. Warrants for initial search and entry were not deemed necessary in this case due to the exigent circumstances resulting from visible dangers and, later, the information from the shooter.

Key Findings

Response to the Paris Street incident was exemplary in its use of unified incident command. The police and fire departments, bomb squad personnel from local, state and federal agencies, and even the Public Works department collaborated throughout. The Paris Street part of the incident took place over a two-day period, which made ICS more practical than at the theater, where command and control needs unfolded in minutes.

The APD did an excellent job in evacuating residents and establishing a security perimeter.

The AFD played a critical role in setting up resources to handle potential explosions or fires. The AFD also provided a bucket truck used to see into the apartment, and helped with logistics.

The APD commanders made excellent, rapid decisions to bring in the local bomb squads with whom they trained, and to reach out to the FBI and ATF.

The FBI did an outstanding job in assisting in the IED analysis and then acting as the lead in rendering safe the devices, which were highly complex.

Robots again proved their importance to avoid unnecessary risk for public safety officials. Televising high-resolution pictures from the robots to remote experts was invaluable, as was their use in retrieving evidence safely.

Recommendations

1. **Size of Evacuation Area**. Make the size of the safe area match the threat. Ensure the area cleared around potential explosive or fire hazards is large enough to prevent injury to bystanders if a device explodes. A police supervisor at Paris Street said that before starting the rendering safe procedures of the explosive devises they should have created a larger safe area around the suspect's apartment than they did initially. Eventually, they did expand the safe area. The basic rule is 'do not move the device, move the people.'

2. **Bomb Squad Resources**. Know the available bomb disposal resources. Every law enforcement agency needs to make sure they know who to call for bomb technician and render-safe assistance should they encounter hazardous incendiary materials, explosives, or explosive devices beyond their in-house capability, or for second opinions and back-up. Aurora knew whom to call immediately, and that was crucial to the success. Training with the bomb squads to be used is also essential. In the past, many jurisdictions relied on military assistance for explosive ordinance disposal. Under current bomb disposal and render-safe procedures, military Explosive Ordnance Disposal (EOD) personnel are responsible only for the disposal of military ordnance. With the increase in the number of civilian criminal and terrorist uses of explosive devices, public safety bomb technicians now have the responsibility. For complex situations, the FBI and ATF are excellent resources.
3. **Language Interpretation**. Plan for interpretation services in real time. There now are apps for smart phones and iPads as well as telephone interpretation services to identify and translate a wide variety of foreign languages. Emergency responders should know how to access these services to facilitate evacuation and give instructions to non-English speakers. One can speak in English and get voice out in another language from a smart phone, and vice versa.

CHAPTER V. EMERGENCY MEDICAL SERVICES

The AFD has responsibility for organization and oversight of emergency medical services within the city, and for providing EMS first response. They also oversee the privately contracted ambulance service run by Rural Metro Ambulance (RMA). This chapter discusses how they faced the challenges of the incident, including triage, treatment, and transportation. We also discuss the coordination with hospitals, their preparedness, and the unexpectedly key role police played in EMS in this incident.

Casualty Count

At least 82 theater patrons were injured in the incident, 70 by gunshot, of whom 12 died. The non-gunshot injuries to 12 patrons were incurred while escaping the theater or near it, and some of those non-gunshot injuries required surgery.

Ten of the 12 fatalities were pronounced dead at the scene, two others at hospital emergency departments. One of the two pronounced at hospitals was dead on arrival, and the other pronounced after a short resuscitation attempt. The attending paramedics, the three EMS medical directors for the fire department and ambulance contractor, and the hospital medical staffs all concurred that the two patients who died had non-recoverable injuries. No one died who could have been saved by EMS actions. In addition to physical injuries, many people at the theater, their family and friends, and first responders suffered psychological trauma, which will be discussed in Chapter IX, Dealing With The Aftermath.

Many fire and police first responders made excellent, sometimes unconventional emergency medical decisions that saved lives. The victim survival rate indicates that the Aurora EMS system worked well overall. The 70 gunshot wounds would stress any EMS system, even in larger cities. There were, however, some major system problems that should be addressed before another incident occurs. Aurora already has made good progress toward improving its multi-agency response to future mass casualty incidents based on the lessons learned from this one.

Aurora EMS System

As noted in Chapter I, the City of Aurora EMS system provides all levels of emergency medical care 24 hours a day, seven days a week. Out-of-hospital care is provided by a tiered response system, with the first tier provided by Aurora Fire Department paramedics and emergency medical technicians (EMTs). Rural Metro under contract provides continued paramedic care and patient transportation. First response is augmented by the APD, whose officers have some basic EMS training. A few police officers are certified paramedics or emergency medical technicians, one of whom played a critical role.

Aurora Fire Department usually provides incident command for EMS incidents. Rural Metro Ambulance is often part of the incident command process, as designated by the incident commander. All EMS responders are trained in incident command, with supervisory personnel trained at higher levels. Patient care is under the control of an AFD paramedic until the patient is turned over to Rural Metro for transport to a hospital. For critical patients, the AFD paramedic often accompanies the patient to the hospital.

Hospitals in the city and surrounding areas provide the next tier of emergency care. Most of the theater victims were treated at The Medical Center of Aurora (TMCA), a Level II trauma facility that was the closest hospital to the incident, and the University of Colorado Medical Center, a Level II trauma facility. The Children's Hospital Colorado, a Level I pediatric trauma center, took in several adult victims, and some other hospitals in Denver and the surrounding communities provided care for a few.

Overview of EMS During the Incident

The mass casualty incident began at 12:38 a.m. when the Communications Center received the first call of a shooting at the theater, and immediately dispatched Aurora police, followed by AFD and RMA units. The first arriving fire and EMS units found a chaotic scene, with a large number of injured and uninjured theatergoers fleeing the theater on foot, civilian vehicles trying to leave, police cars blocking parking lot road access, and uncertainty as to whether the theater was reasonably safe for rescuers to enter. Figure 15 shows the mass of people outside the theater (behind the yellow crime scene tape).

Figure 15. View of Scene Outside Theater[7]

[7] People and Places Blog, retrieved from http://peopleus.blogspot.com/2012/07/denver-aurora-massacre.html

Aurora Fire Department officials initiated incident command, and firefighters started to triage and treat patrons. Fire officers divided the incident into three ICS divisions: East Division, which covered Theater 9; Century Division, which covered the area north of the theater; and Dillard's Division, which covered the area west of the theater. An APD SWAT paramedic was one of the initial officers to enter the theater, and switched from his police role to performing triage in the theater. He determined that 10 moviegoers were obviously deceased, and nine others were alive but critically injured. The living victims were quickly carried out of the theater by police and treated outside the door or somewhat further away by firefighters in triage and treatment units.

Many of the 1,200 moviegoers exiting the theater ran toward the location where Century Division was set up. AFD and RMA personnel began to triage and treat casualties there. Some shooting victims walked to this area, others were carried. The Century Division triaged and treated approximately 25 victims, many of whom were severely injured. Fire, EMS, and police personnel sequestered uninjured patients for their protection and to determine if any perpetrators were in the crowd.

Conditions were similar at the Dillard's Division, where victims who exited the west side of the theater had started to collect. Dillard's Division triaged and treated at least seven critical patients, several urgent cases, and many with minor or no injuries. Patients needing transportation were carried to awaiting ambulances in Dillard's staging area. At the Century and Dillard's Divisions, some moviegoers who assisted injured people were themselves blood-stained and appeared injured, increasing the numbers needing triage.

Two significant challenges inhibited patient transport. First was confusion as to whether ambulances were to stage or proceed into the scene. Second was that ambulance access was limited by parked police cars from the initial wave of officers going after an active shooter, and moviegoers trying to leave in their cars. At various times and locations outside the theater, police officers and firefighters decided that critically injured patients needed to be transported by police car when ambulances could not or did not know how to get close enough According to the medical staff who treated them, these transport decisions saved the lives of at least two victims who had been shot in their thoraco-abdominal cavities. Necessary transports to hospitals were completed for all victims within 52 minutes of the first 911 call.

While the outcomes of the EMS and hospitals actions were excellent, the system could have worked better. The outcomes might not have been as favorable if it weren't for some luck as well as out-of-the-box thinking. The sections below discuss the events and challenges in more detail. The analysis is based on radio transmissions and interviews with first responders and hospital staff. One would not get an accurate picture from radio transmissions alone because many decisions and orders were not transmitted.

Initial EMS Dispatches and Transports

At 12:40:49, two minutes after the first call to 911, RMA Operations dispatched ambulance RMA 109.[8] At virtually the same time, 12:40:57, AFD Paramedic Engine 8 and Battalion Chief 1 were dispatched. After dispatch received several more calls, a 911 operator advised a dispatcher that this was a mass casualty incident shooting and additional ambulances would be needed.

At 12:42:26, four minutes after the first call to 911, dispatch advised Paramedic Engine 8, Battalion Chief 1, and RMA 109 that police are requesting them at Expo and Sable. Almost simultaneously, RMA Dispatch called Aurora Dispatch to ask if an additional ambulance was needed, and were advised yes, send a second ambulance. RMA personnel told us that several RMA units were ordered by police to stage as they arrived; these were face-to-face orders.[9] At 12:42:59, Aurora Dispatch advised Paramedic Engine 8, Battalion Chief 1, and RMA 109 to report to the front of the theater for a shooting victim. At 12:43:12, RMA 109 arrived and reported they were staging. At 12:43:20, Paramedic Engine 8 asked for Truck 8 to be dispatched, and it was.

At 12:45:39, seven minutes into the incident, Aurora Dispatch confirmed with Battalion Chief 1 that APD requested fire and EMS units to stage in the west parking lot, and that three or four additional ambulances were needed. The dispatcher asked if the Battalion Chief needed additional resources.

At 12:47:16, nine minutes into the incident, a police sergeant (Metro 10) notified dispatch that patients needed to be transported by police car to the ambulances at the west end of the lot. It was unclear whether the decision was primarily motivated by the inability to get ambulances closer, or that the scene was considered still too unsafe to allow fire and EMS to go near the theater. L25 had asked for all responding ambulances to go to the west parking lot. The initial idea was to bring the patients to the ambulances. When it became clear that the ambulances could not get to the west end, Metro10 and L25 (police and fire) decided at 12:54:27 to have police cars do transports directly to the hospital.

Triage in the Theater

As discussed earlier, the triage in the theater was undertaken by a police SWAT team paramedic who happened to be among the first wave of police officers reaching to the theater Fire and EMS personnel did not enter the theater immediately.

[8] When RMA dispatchers hear on the police monitor that an incident requiring an ambulance is needed, they "pre-alert" their ambulance to start heading in the direction of the call. This is a good policy and is not considered self-dispatching.

[9] Based on statements given by M-109's crew and corroborated by others.

The reliance on the APD to conduct initial triage inside the theater raised some questions:

- Did having APD personnel perform triage slow any other police functions?
- Would a larger number of paramedics have improved initial triage?
- Were any patients misclassified?

The answers to all of these questions is no.

Had the shooter still been actively shooting in the theater, there were enough officers inside and outside the building to handle that threat. One officer working as a paramedic would not have made a difference. The APD SWAT paramedic in the theater responded initially as a police officer, but when it was clear that there were enough officers and triage was urgently needed, he switched roles and began to rapidly assess patients. He quickly realized that there were several obvious deaths and several critical (red) patients.

Most public safety officials agree that using police officers to perform mass casualty incident triage is often avoided. In this case, it was critically important. A qualified policed paramedic quickly but properly provided triage using accepted medical practice (START and Jump START),[10] additional rescuers were not placed at risk due to violence, unidentified chemical intoxicants, or unrecognized shooters.

Most law enforcement agencies do not have the luxury of having a paramedic available to conduct triage within environments of imminent threat to public safety. However, while desirable, there is little evidence to suggest that paramedic providers are superior to EMTs or police first responders in conducting initial triage. With time-tested triage methods including START, Jump START, or other recognized methods, law enforcement officers should be able to conduct basic triage in hazardous environments. Some theorize that basic providers might even be superior to advanced providers in providing initial triage because without having training for treatment they are more likely to limit their assessment to the basics of alive or deceased. In this instance, the initial triage group leader, a police officer, quickly determined who was alive and should be moved, and who was obviously deceased. Additional paramedics and EMTs were far more effective by assignment to treatment units.

Evidence indicates that patients were appropriately classified in triage. Some victims were highly bloodied but not severely injured. Even the most experienced EMS providers can misclassify patients with these presentations as critical until proven otherwise. Patients are usually triaged again when they enter a Treatment Unit.[11] In the theater, no patient was under-

[10] START = Simple Triage and Rapid Treatment, while Jump START is the pediatric version.
[11] Or during MCIs of this type, immediately transported to the hospital.

triaged, meaning no one was triaged as deceased who was alive. Despite some horrendous injuries, patients were not misclassified.

Patients in Theater 9 triaged as deceased were left in place. Live patients triaged as immediate (red) were removed to a safe treatment unit area behind the theater. Many mobile patients self-evacuated from the theater.

Incident Command for EMS

National Incident Management System (NIMS) and the Incident Command System (ICS) are effective for managing incidents with an EMS component. The Aurora theater incident warranted a large medical operation under ICS, known as a Multi-casualty (or EMS) Branch, but did not have one. A Multi-casualty Branch Director would report to the Operations Section Chief, and would be responsible for all patient care and transportation of civilian casualties. During large scale incidents, this branch is divided into three basic functions: triage, treatment, and transportation. There can be several triage and treatment groups, but only one Transportation Group.[12]

The first arriving fire unit, Paramedic Engine 8, established fire incident command, at 12:46:55. At 12:47:52, APD Gang 8 advised that entry was being made into Theater 9. Seconds later, Metro 10 advised that "rescue" was needed in the theater. This was the first notification by police that fire or EMS personnel should enter the theater. Simultaneously, APD was requesting medical assistance at various locations where many injured people were carried or evacuated on their own from the theater. At 12:55:11 hours, 16 minutes into the incident, APD Gang 8 reported that all other theaters were clear.

Establishment of ICS Divisions[13] – By 12:55:21, 16 minutes into the incident, Battalion Chief 1 had arrived and took over fire command from the engine company lieutenant.[14] BC 1 was a fire captain acting that day as battalion chief, and would remain the fire incident commander for the key part of the incident. He set up three divisions, the East Division behind the theater, the Century Division in front of the theater in a parking lot, and the Dillard's Division in the parking lot near Dillard's. Engine 4 was assigned as supervisor of Dillard's Division, Engine 5 as the supervisor of East Division, and Engine 8 as supervisor of Century Division. All EMS units not yet on scene were ordered to staging.

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[12] Christen, H. and Maniscalco, P.M. (1998). *The EMS Incident Management System: EMS incidents for mass casualty and high impact incidents.* Upper Saddle River, NJ: Prentice Hall.

[13] Under ICS, Divisions refer to geographical locations. Groups refer to functions. Current ICS guidelines call for Multi-casualty Branch functions to be called "Groups," whether they are geographic or by function.

[14] There is a minor discrepancy in radio logs by about two minutes here.

At 01:01:07, Battalion Chief 1 ordered Dillard's Division to set up an extrication, triage, treatment, and transportation group. At 01:03:37, Truck 2 advised that there were nine patients behind the theater. Engine 5 was also requested by police to assist. Battalion Chief 1 advised Engine 5 to join Truck 2, and for Truck 2 to supervise Sable (East) Division. At 01:05:07, now 25 minutes into the incident, Battalion Chief 1 changed his designation to Aurora Mall Command. Police incident commander Lincoln 25 requested a face-to-face meeting at that time, and Chief 7 (the fire shift commander) was at his fire station and had not yet been dispatched, 25 minutes into the incident. By this time, many patients were being treated and transported by police cars.

Within each division was a Medical Group responsible for extrication, triage, and treatment. Triage is the process of identifying, sorting, and prioritizing the sick and injured to determine who should be treated and in which order. The overall goal of triage during a mass casualty incident is to do the greatest good for the greatest number. This includes determining treatment based on chances for survival and availability of resources. There were three strategically located triage units in the area around the theater. Fire and police personnel efficiently performed triage.

About 100 people had some level of assessment and treatment, including minor injuries, and non-gunshot injuries. Some of the non-gunshot injuries were transported to hospitals. Some with shotgun pellet wounds were not transported, having likely refused service.[15]

Unified Command – At 01:28:11, almost an hour into the incident, Chief 7 established fire liaison with police, which eventually evolved into a version of Unified Command (fire liaison stationed with police incident commander), after most transports had already been made. Even at this time, there were still significant issues in getting ambulances close to patients. Dispatch requested all available ambulances from the Denver Metro area, which was a questionable action because most patients already had been transported.

Ambulance Access

Considerable confusion arose about ambulance access to victims during the incident. Most fire and EMS providers were unsure how close they should get to the scene. One EMS provider (RM-109) said that the police officers they encountered would not grant them access to the scene, and ordered them to staging. Conversely, RM-103's crew reported that APD advised them not to stage, and so they reported to the Century parking lot.

[15] It appears that patients who were not transported had refused service.

Originally, fire units were ordered by police command to stage, but then Battalion Chief 1 and APD units started calling them to the incident. Communications logs do not show any announcement ever made by police command, fire command, or dispatch to the effect that the scene was safe for fire and EMS entry. The confusion over ambulance access and the reasons for it led to significant post-incident tensions between police and fire personnel.[16]

It is common for fire and EMS units to report to staging until they receive an assignment, especially in an incident involving violence. Police procedures differ from fire departments because police are trained and equipped to enter hostile environments and are charged with rendering them safe.

In this instance, the district police station was close to the incident, shift change was in progress, and a large number of officers and police cars were called to the scene. Police cars proceeded directly into the scene, leaving their vehicles to go after the active shooter. Combined with civilian vehicles trying to flee the parking lots, this led to traffic chaos, and limited access for the ambulances and fire vehicles trying to get near the theater.

Lincoln 41, who essentially was the Operations Section Chief in this incident, recognized the congestion problem and had police cars moved from the entrance. At 12:59:20, Lincoln 41 also requested on PD-3 that rescue should be advised that officers will be available for security. Dispatch sent this message to fire command. As noted earlier, neither police nor fire command provided a general message to all providers that the rear of the theater was safe to enter.[17]

To summarize, the radio traffic and our interviews indicated that there were several major challenges to ambulance access:

- There was no clear message that the scene was safe for EMS providers to enter the theater or even come near it. There was a question as to the existence of explosives or hazardous materials in and near the theater. (The fire department said this did not affect their decisions in this incident, but such lack of clarity about safety could well be a factor in future incidents.)
- Police cars and civilian traffic were blocking access to the theater. There was a traffic jam.
- Police did not communicate to fire and EMS units how to get through the parking lot maze to reach victims, nor did police attempt to lead fire units to victims using the paths that some police vehicles had found. The police thought fire could figure this

[16] At 00:59:20 Lincoln 41advised rescue through radio channel PD-3 that officers will be there for security, "that is the best we can do at this point." (At 00:59:56 this was relayed over the fire channel.)
[17] This was an example of why incident command, and knowing how to use technology was important.

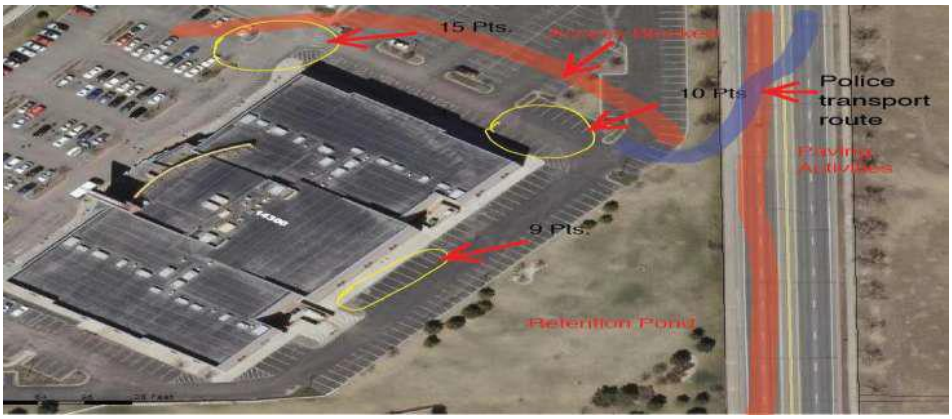
out on their own. Conversely, the fire department did not ask for instructions. In one instance, a police officer tried to lead an ambulance crew on foot but they refused to follow.[18]

- Police would not allow ambulance RM109 to proceed past the staging area. The police did not have a consistent message as to whether fire and EMS units should or should not proceed close in; different officers conveyed different message.

For many seriously wounded victims, it did not seem wise to wait further for ambulances to get through, or to spend time walking stretchers long distances from ambulances to victims and back again. Police and fire personnel were concerned about the elapsed time that patients triaged as "red" were going without transport to a hospital. For these reasons, police, fire, and EMS providers turned to alternative transport plans—use of police vehicles.

Some police vehicles made multiple transports to area hospitals, returning for more victims. Figure 16 shows the access and egress route that police used to transport patients. .

Figure 16. Police Car Access and Egress[19]



Scene Safety – During and after the incident there has been controversy over whether fire and EMS personnel should have entered the theater, and should have gotten closer to the victims outside the theater. The police paramedic was already in the theater and had performed a timely triage, so it was not really necessary for fire/EMS personnel to enter the theater. However, it is still important to discuss when it is safe for EMS personnel to enter a warm zone, and how much risk fire should be taking in an unclear shooting situation. "Next time" there may not be the luck to have a police paramedic in the right place at the right time.

[18] Officer Cooley said during his interview that he made contact with an RMA ambulance crew to obtain a backboard for the eviscerated victim. The crew asked him where they needed to go and he said "just come with me." Officer Cooley takes the backboard and starts running toward the theater. When he looked back to see if they were following him, he saw the crew getting back in their ambulance. They did not follow him inside.

[19] AFD. (2012). *Century theater shooting: Aurora Fire Department preliminary incident analysis*. p. 25.

The issue outside the theater was more access through crowded parking lot lanes than safety, though resources in the area immediately outside the theater were pushed back by police at one point for fear of explosive devices. It was unclear as to how dangerous the environment was for rescue personnel. The perceived risk level varied and was never totally clarified from the fire and EMS perspective. As noted previously, it was not known whether there were additional shooters, if secondary devices were present, or if there was a harmful toxic substance release. Moreover, fire was not told immediately that a shooter had been arrested.

Table 1 lists a sample of transmissions from dispatch to police, fire, and EMS that concern EMS units making entrance into or around the theater. Listening to these transmissions, it was no wonder that police, fire, and EMS personnel grew frustrated and remained unsure of what was going on and what they were supposed to do.

Table 1. Radio Traffic Concerning Entry Risk

Time	Time Into Incident	Police or Fire Radio Transmission	Content
12:42.26	3:59	F	Dispatch airs to Engine 8, Battalion 1 and Medic 109 PD requesting them at Expo and Sable, do not have a request entry, “possible still shooting”.
12:42:59	4:22	F	Dispatch airs to Engine 8, Battalion 1, and Medic 109 that they are needed hot to the front of the theaters, so far they have one party shot
12:45:30	7:02	F	Dispatch airs (continuing the conversation with Battalion 1) that they (Police) are saying to stage in the west parking lot and they need 3 to 4 ambulances which Dispatch will start with Rural-Metro and that we have Tower 8 en route with Engine 8, do you want any more.
12:45:53	7:16	F	Battalion 1 airs to set up ambulance staging at Expo and Sable and asks if that is where they wanted us to stage in the first place
12:46:13	7:30	F	Dispatch airs that Expo and Sable was the original staging but now they are asking for the West parking lot. She will clarify with PD so we will not be coming into their scene
12:46:36	7:53	F	Medic 109 airs on RMA-1 that they are on scene (staged) in the East parking lot of the theater
12:46:38	7:51	F	Dispatch airs to E8 that PD wants staging on the west side
12:47:15	8:18	P	Metro 10 airs to start putting them in cars and shuttling them out to the west end
12:47:36	8:39	F	Engine 8 airs to start 2 more engines emergent and staging is the East parking lot of the mall, basically Dillard’s
12:47:16	9:09	P	Cruiser 10 airs we need rescue inside the auditorium, multiple victims

Time	Time Into Incident	Police or Fire Radio Transmission	Content
12:48:06	9:59	F	Dispatch airs to Engine 8 that they (PD) are saying they have a party on the East side of the theater that they can't get to, he is shot in the back and multiple [other] parties
12:48:12	10:05	P	Lincoln 25 directs rescue to stage at the Dillard's lot and states "I need as many ambulances as we can to the Dillard's Lot." L25 asks to have the fire trucks stage in the Dillard's lot also and he will get them (firefighters) inside to triage people and get them out. He asks that they get ready and get litters to the front of the theater
12:48:20	10:13	F	Dispatch airs to Engine 8 that she copies and has 4 ambulances en route, that PD is asking for as many ambulances as possible to Dillard's and how many does he want, that she will start 2
12:48:46	10:39	F	Dispatch airs to Engine 8 and any unit on scene at Century 16 Theaters that PD is requesting them to Dillard's, that they are taking all victims to Dillard's
12:49:38	11:31	F	Medic 102 airs on RMA-1 to confirm where they want them staging at since they can't get through, Rural-Metro responds to stage at Dillard's that is where they are taking all the victims
12:50:42	12:35	P	Metro 10 airs that he can get multiple victims from 9 to the old Sports Authority lot if Rescue can get to that lot
12:51:00	12:53	P	Lincoln 25 asks for ambulances on Sable and ambulances in the Dillard's lot
12:52:02	13:55	P	Dispatch airs that ambulances should be staging at the north west corner of the theater
12:52:08	14:01	P	Lincoln 25 airs on PD-3 to start all medical people available in the City to Century 16 and wants them in the Dillard's lot and on Sable
12:52:21	14:14	P	Metro 10 airs to get on CLEER and request mutual aid from all available EMS personnel in the metro area
12:53:13	15:06	F	Dispatch airs that PD is requesting as many medical personnel as possible to the Dillard's to assist with patients, we have 2 additional engines en route and a child found outside
12:56:07	17:59	F	Battalion 1 airs he copies and wants the Fire Department not on scene to stage at Expo and Sable
12:57:40	19:32	F	Battalion 1 airs that Tower 8 and Engine 4 will be the Dillard's Division and that they need to let him know how many ambulances they have. Then airs to Dispatch to have all ambulances that they are sending to stage at Exposition and put them one block east on Sable and keep the fire equipment separate and have Engine 4 in charge of that Division and that Engine 8 will be in charge of the Century Division

Time	Time Into Incident	Police or Fire Radio Transmission	Content
12:59:06	20:58	P	Lincoln 41 airs on PD-3 that he needs rescue to move to the rear of the theater, we have officers there and requests them immediately for multiple victims
12:59:20	21:12	P	Lincoln 41 airs on PD-3 to advise rescue the officers will be there for security, that is the best we can do at this point
12:59:56	21:48	F	Dispatch airs to Century Command she apologizes again PD is asking for emergency medical to the back of the theater, they are on scene to provide security
01:00:45	22:38	P	Dispatch responds on PD-3 that she will tell them, that she has told them 5 times
01:01:26	23:19	F	Engine 5 airs they are on scene on Sable right behind the theater, had a Police Officer run up to him with 9 patients behind the theater and asks if they should stay there or go with the Police Officer
01:03:07	25:00	F	Engine 5 airs to Command, they are on the east side of the theater, and does he want them to attend to the patients on the east side. Battalion 1 asks them if they have 1 patient, correct?
01:03:37	25:30	F	Truck 2 airs to Command they are in the rear of the theater they have 9 shot if we can get any ambulances to stage on Sable, we can get them to the ambulances
01:04:47	26:40	F	Battalion 1 airs to Truck 2 to join up with Engine 5 and makes them Sable Division, then announces to all that there are three Divisions and directs them to set up an Extrication, Triage, Treatment and Transport area within the Division, we will start there till we get more resources
01:07:17	29:10	F	Battalion 1 wants the ambulances to go to Expo and Sable and asks for one of their supervisors (Rural-Metro) to go to the transport area so they can get a handle on ambulances and start sending them to each Division
01:07:24	29:17	P	514 airs he is at Exposition and Sable and has Denver, Littleton, Englewood and Arapahoe and is sending them to the east side to transport
01:08:06	29:59	P	207 airs to call Children's and see if they will take people
01:13:56	35:49	F	Battalion 1 airs to Dispatch that he is trying to get there but right now he has Police Officers and everybody else coming up to him so to tell them to hang on

From these log samples and our interviews, one can conclude the following:

- Having to use dispatch as a relay between police, fire, and EMS caused delays in communicating between on-scene units.

- There was confusion as to where ambulances should stage. For example, Lincoln 25 requested units to Dillard's, while Battalion Chief 1 assigned them to Expo and Sable. During interviews, two RMA crew said that police held them at Expo and Sable, while one crew stated they were not held.
- There was never a clear message announced by police or fire command, via dispatch, that the scene or sections of the scene were safe.
- At some point APD advised dispatch that ambulances could come to the theater and security would be provided. Within 37 seconds, dispatch relayed the message to fire command.
- Transportation Group was not established early in the incident, causing APD to attempt to organize transportation and hospital status information on its own.
- Battalion Chief 1 was inundated with multiple repeated requests without sufficient time to accomplish them.

EMS personnel believed they faced an extremely unsafe situation. A confirmed active shooter, possible additional shooters, a chemical release, the possibility of secondary devices or chemicals, and panic conditions created a situation that appeared to resemble a battlefield instead of a civilian mass casualty incident. Law enforcement acted to prevent fire and EMS personnel from harm, but probably overstated the danger, especially after Theater 9 was searched multiple times.

The gaps in patient access occurred partially due to fire command not acting on police request, and no general announcement of scene safety being made. During the early stages, dispatch advised fire and EMS to enter the scene, but according to our interviews of Rural Metro and fire department responders, some PD officers prohibited their entrance, as they were concerned about EMS personnel safety. As the incident progressed, EMS access was available, but this was not communicated between police, fire and EMS.

Since the incident, APD and AFD have developed a joint active shooter protocol that includes incident command guidelines, safety guidelines, instructions for rapid assessment and extraction, and continued triage, treatment, and transportation of the injured. The joint plan is being finalized simultaneous with the publication of this report.

Concept of Staging – There seemed to have been confusion about the concept of staging that contributed to misunderstandings between police and fire. Initially, staging is meant to assure that responders are kept safe from further harm and that only those qualified and properly protected would be permitted into areas immediately dangerous to life and health. Subsequently, staging is used to keep units from freelancing and possibly creating access and egress problems, while having them readily available to respond.

Police and fire units quickly advised incoming units that staging would be at Sable and Expo. By 12:42:26, dispatch announces that staging would be set up at Expo and Sable. Considering the magnitude of the incident, staging was initiated within a reasonable time. Staging at Expo and Sable was appropriate because it combined a good location with protection from possible secondary devices.

"Calling all Cars" vs. Staged Deployment – Several times throughout the incident, a field commander or dispatch initiated a call for *all available units*. In some cases, the call was for police cars, while at others it was for ambulances. Past mass casualty incidents indicate that a general request for units—especially *all* units—is counterproductive and increases scene chaos, particularly when there is no specific staging area identified and communicated. This occurred at Columbine High School, Virginia Tech, the Minnesota I-35 Bridge Collapse, and most recently in Watertown, Massachusetts during the hunt for the Boston Marathon bombers. Precision in predicting the number of units needed is not expected, but a controlled escalation of the units is often beneficial. Calling units in groups—strike teams or task forces—is one way to accomplish this.[20]

- **Strike Team** – Five like units, with a supervisor, and a common form of communications. For example, an ALS strike team would consist of five ALS ambulances, an EMS supervisor, and a common form of communications.
- **Task Force** – Five different types of units, with a supervisor, and a common form of communications. For example, an EMS Task Force could consist of two ALS ambulances, three BLS ambulances, an EMS supervisor, and a common form of communications.

For police, calling for SWAT teams can achieve the same purpose—a group of police operating under a leader.

Medical Groups

As noted above, the fire department formed three geographical divisions, each containing a medical group with extrication, triage, and treatment functions.[21] However, no Transportation Group was established under the incident command. There should be only one Transportation Group for each incident, not one for each division.

[20] We commented in other sections that the use of Strike Teams and Task Forces may not be warranted in the initial stages for law enforcement. During incidents involving lone or multiple perpetrators, saturation of the incident by law enforcement may be essential in identifying and quickly capturing suspects.

[21] There were three "divisions" established during the incident. A "division" is a geographical designation that oversees all activities within an area. A "group" is a specific function within the division, such as a medical group within each division. For example, in the Century Division, there was the Century Medical Group. The division supervisor was also responsible for HazMat and other functions.

East Medical Group – The East Medical Group assigned to the rear of Theater 9 provided care for the patients extracted from the theater. Figure 17 shows its composition.

Figure 17. East Medical Group

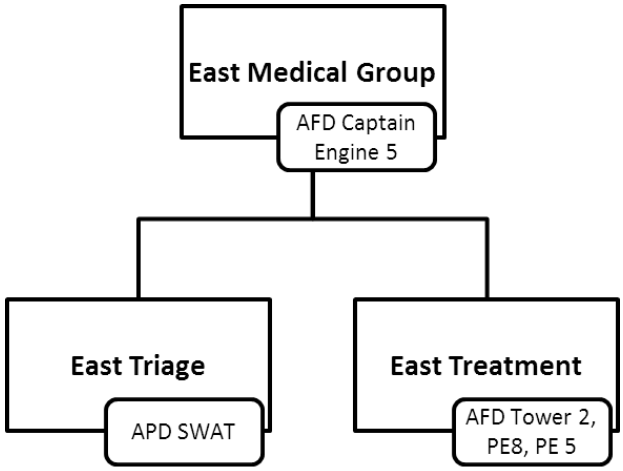
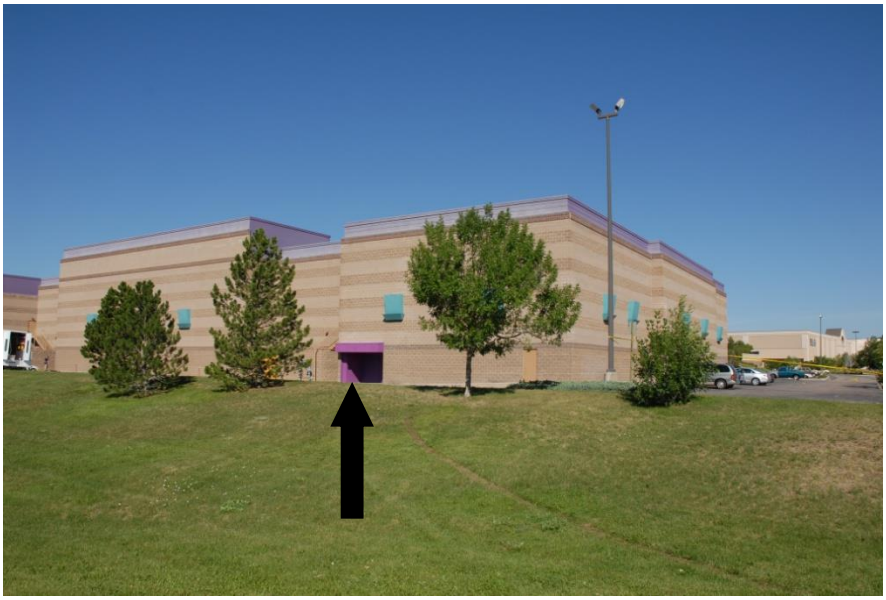


Figure 18 shows the approximate location of the East Medical Group.

Figure 18. East Medical Group Location[22]



Patients inside the theater were triaged by an APD SWAT team member who was also a paramedic. Initially, 10 patients were triaged as obviously deceased (black), with another nine classified as immediate care (red). One of the patients classified as red was obviously deceased, but CPR was attempted due to her young age and other considerations. Another red patient was seriously injured, and suffered cardiac arrest either just before or during transport, and was DOA.

[22] Aurora Fire Department Files

Paramedic Engine 8 could not get to the front of the theater. RMA Medic 109, which tried to follow Paramedic Engine 8, was instructed by an APD officer not to follow PE8, and he instead led them to a patient lying in the grass. The consideration was that this was a possible hazardous materials incident involving a toxic substance (the gas in the air of the theater), making rapid entry into the theater unfeasible at the time.

Crews from Truck 2, Engine 8, Engine 5, and APD began to treat the red patients. Each patient was reassessed by a paramedic before being transported. AFD and APD personnel made independent decisions to transport over 25 red patients by police cars to area hospitals. Some patients were carried to ambulances staged at Expo and Sable.

Those who could self-extract or those determined by the triage unit to be ambulatory were quickly moved to another treatment group or to a holding area. East Medical Group triage and treatment personnel along with APD did an excellent job assuring that those who could quickly move out of harm did so. The crews from Paramedic Engine 8, Paramedic Engine 5, Tower 2, and APD officers performed some of the minor injury care. These patients were moved to the staging area and provided further treatment by ambulance crews.

Because the fatalities occurred inside Theater 9, it was a crime scene and the bodies could not be moved until the scene was fully processed. Aurora police were able to control access to obviously deceased patients, which shielded people from unnecessary exposure to a horrific scene, and avoided evidence contamination.

Aurora EMS protocols require on-line medical direction for a decision not to resuscitate, or to discontinue resuscitation attempts on certain patients suffering traumatic cardiac arrest. There was confusion as to the need to obtain medical direction for the 10 patients triaged as obviously deceased. Some on-scene providers believed that the protocols required physician authorization not to attempt to resuscitate patients suffering from penetrating trauma to the thoraco-abdominal region.

Efforts were started to formulate a “pronouncement team” whose job would be to re-triage those already determined deceased, and to receive on-line authorization not to resuscitate. At 01:16Truck 2 crew did a quick reassessment of the deceased in the theater.

During our meeting with the EMS physicians, they clarified the protocol: If a patient was triaged as obviously deceased (black tag), decisions about their care do not fall under the pronouncement protocols. On-line medical direction was not necessary. As a result of the uncertainty in the application of the protocol in this incident, the EMS physicians and EMS managers said they will clarify this protocol and when to apply it.

Century Medical Group – The Century Medical Group was established at the northwest part of the area near where Paramedic Engine 8 set up initial fire command. Figure 19 shows the Century Medical Group triage and treatment units.

Figure 19: Century Medical Group

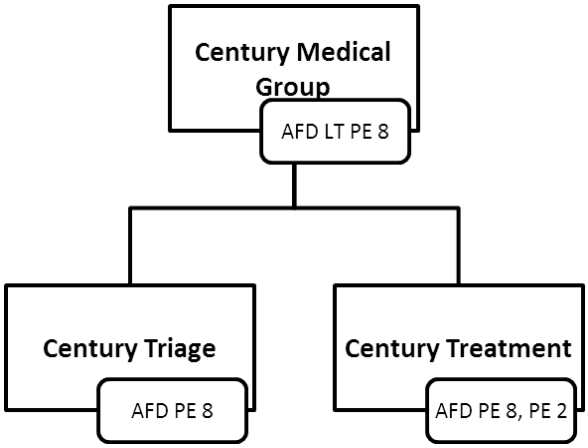


Figure 20 shows the location of the Century Medical Group's location.

Figure 20. Century Medical Group Location[23]

Many injured patients who walked out of the theater were triaged in the Century Division. Initially, while the lieutenant on Paramedic Engine 8 was setting up command, its crew members began to triage patients.

Triaging was difficult because they were inundated with people escaping from the theater. The unit triaged at least 25 patients, many with severe injuries. An off-duty registered nurse who was an uninjured theater patron assisted them in triage. They were challenged by the following conditions:

[23] AFD. (2012). *Century theater shooting: Aurora Fire Department preliminary incident analysis,* p.17.

- Numerous patients requiring immediate treatment.
- Surrounded by a large number of civilians who were being sequestered by police.
- Many unoccupied police cars that could not be moved.
- Many civilian vehicles that were stopped by police.

One Century Group paramedic said he personally triaged 10 red and three yellow patients. Another said he triaged 12 patients, most of whom were "severe."

Firefighters from Paramedic Engine 8, Paramedic Engine 2, and Denver Engine 19 provided treatment to those the Century Group had triaged. They provided essential care and prepared approximately 25 patients for transport. Many exhibited severe bleeding from gunshot wounds to their extremities. One patient was in danger of bleeding out. Standard care including direct pressure and application of multiple dressings were ineffective for this patient, so a paramedic made the quick decision to apply a tourniquet using a new style pre-packaged device similar to those used by military medics. Bleeding was quickly controlled and the patient was rapidly transported to a hospital. (The EMS Medical Directors later determined that this tourniquet was life-saving.)

Several patients with minor injuries were sent to a patient staging area nearby, shown in Figure 21.

Figure 21. Century Medical Group Patient Staging Area[24]

Dillard's Medical Group – Dillard's Medical Group was set up toward the eastern area of the theater, near one of the Dillard's parking lots. Figure 22 shows the Dillard's Triage and Treatment Units.

[24] Hansen, C. (2012). *The true knight has risen*. Online Blog. Retrieved from http://thegospelcoalition.org/blogs/tgc/2012/07/20/the-true-knight-is-risen/

Figure 22. Dillard's Medical Group

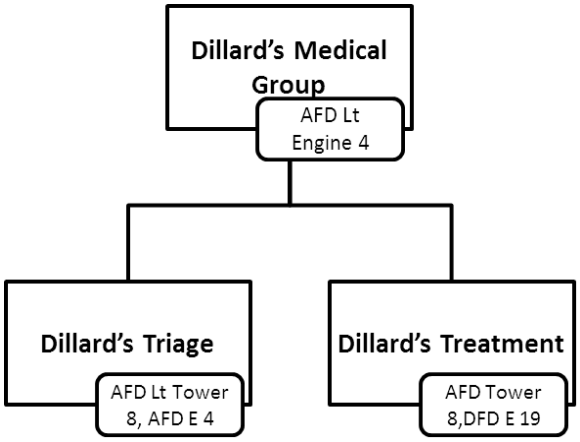


Figure 23 shows the location of the Dillard's Medical Group.

Figure 23. Dillard's Medical Group Location[25]

Several patients were either carried or walked from the theater to this group, located on the upper parking lot. Tower 8 reported to this area after moving two police cars blocking the entrance. Tower 8 and Engine 4 crews began triage, finding six patients, several with multiple gunshot wounds to the body and extremities. These patients were still able to walk, but blood loss was starting to affect their condition. As at other triage areas, there were many civilians covered with blood who had to be triaged to determine if they were injured or just bloodied from assisting victims or their proximity to victims inside the theater. Some people were not sure themselves whether they were injured. Fire and EMS providers did an excellent job of rapid triage of these patients, and quickly moving unaffected civilians out of the area. Of the patients triaged by this Group, three were classified as red and three as yellow. Patients and bystanders were moved to the Dillard's Medical Group lot where ambulances were standing by.

[25] AFD. (2012). *Century theater shooting: Aurora Fire Department preliminary incident analysis,* p.17.

After triage, crews from Paramedic Engine 4 and Tower 8 provided most of the initial treatment. They were assisted by RMA personnel. Tower 8's crew treated six or seven red patients who had chest, abdomen, or extremity wounds. After applying lifesaving treatment, patients were moved to the Dillard's Medical Group staging area for ambulance transport.

After treating the red patients, Tower 8 and Paramedic Engine 4's crews treated the less severely injured patients who were triaged as yellow. Several were then treated and moved to ambulances in the Dillard's Medical Group staging area. Some were carried to ambulances.

Patient Identification Systems – There was little use made of any patient identification system during the triage or treatment phases of the incident. Initially, Century Triage Group personnel started some triage tags, but this was quickly abandoned due to provider inexperience with using the tags. There is no evidence that triage tags were used in any other triage or treatment groups. Lack of patient identification led to confusion downstream because patient identification and destination records were incomplete. Hospital staff complained that this made their job more difficult in sorting quickly a large influx of trauma patients.

Triage and Treatment Summary – Table 2 shows the number of patients triaged, treated, and transported during the incident. This table does not include those who sought care later, or the hundreds cursorily triaged (e.g., bloody, walking by, and asked if they were okay).

Table 2. Triaged, Treated, and Transported Patients

Injury	Triaged	Treated	Transported[26]
Gunshot	70	60	54
Other	12	12	6
Total	**82**	**72**	**60**

Victim Transportation

Medical transportation from the scene in a mass casualty incident usually is coordinated by the Transportation Group operating under a Medical Group/Branch of ICS. During this incident, there was no designated Transportation Group or Group Supervisor. At 01:06.41, 17 minutes into the incident, an RMA supervisor was dispatched to Exposition and Sable to be in charge of transportation. This unit arrived at the scene, but stayed in staging and did not establish Transportation Group.

[26] The total number of gunshot and non-gunshot patients is still unclear. There is no record of patient transport refusals by those with minor injuries or preferring their own doctors. Hospital officials attempted to keep track of how patients arrived but had difficulty doing so in the chaos of the situation.

Failure to establish a Transportation Group and to appoint a Transportation Group Supervisor was a critical omission. The Transportation Group is responsible for the coordination of patient transportation from the scene to hospitals or other facilities. It is also responsible for medical communications between the incident and receiving hospitals.

Authentic Communications – Communications between the Transportation Group and the hospitals is considered the authentic communications of the incident status. During this incident, hospitals received cell phone calls from various sources describing the incident and how many patients they will receive. Hospitals must consider notifications outside the official EMS communications system as non-authentic. The mass use of social media will further challenge EMS providers in regards to communications authenticity. In some areas, social media may be the medium for official disaster scene communications. The medium is less important than all providers knowing what form of communications is considered authentic.

Another important communications point is the need to clarify whether hazardous materials decontamination was needed. In most instances, initial decontamination occurs at the scene, but often, hospitals must continue the process or assure that their facility does not become contaminated. Initial notification can allow hospitals to be prepared. While mass decontamination was not needed, the possibility existed throughout the incident.[27]

The Transportation Group Supervisor is responsible for assuring that hospitals receive early incident notification. Each local hospital said that lack of pre-notification affected their ability to quickly determine resources needed for patient surge. This notification also allows hospitals to communicate how many patients, how many critical patients, and how many specialty patients they can receive. Based on this information, patients can be assigned to specific ambulances with instructions to transport to specific hospitals.

Even when the Incident Commander (or Unified Command) authorizes the use of non-ambulance vehicles for patient transportation, a Transportation Group is still needed to coordinate destinations and for recordkeeping. By not having a Transportation Group, it was difficult to account for all patients transported, and for later follow-up.

Vehicles Used for Transport – The hospitals received a total of 60 patients. Most had gunshot wounds, but some had serious injuries incurred while fleeing. Some gunshot victims had relatively minor shotgun pellet wounds and did not require transport

[27] Maniscalco, P.M., Wordin, A., and Christen, H.T. (2011). Mass casualty decontamination. In, P.M. Maniscalco and H.T. Christen. *Homeland security: Principles and practices of terrorism response*. (pp. 171-180). Jones and Bartlett: Sudbury, MA.

Table 3 summarizes the transports. Ambulance transports were documented by patient care reports. Records of the type of transport when made by police or private vehicle were less formal, but there are only minor discrepancies among sources for them. Based on dispatch logs and interviews with officers, our best estimate is that APD transported at least 27 patients, possibly 28 (APD's own estimate was 27). The exact number is less important than the fact that such a large number of transports were by police cars, not ambulances.

Table 3. Modes of Transport for Victims

Number Transported to Hospital	Mode
20	Ambulance
27-28	Police Vehicle
13-14	Private Vehicle or walked (one)
60	**Total**

About 13 or 14 patients were transported by private vehicle, and one walked. The private vehicle transports were not authorized by police or fire officials, but did not harm anyone as best known.

Some of those transported to hospitals were discharged without staying overnight. Some victims were discharged from the emergency department, but required follow-up care.

Ambulance Availability – There were 24 ambulances on the scene at one time or another, with some leaving and then returning a second time. Table 4 lists the arrival times of the ambulances, their home organization, and which returned after initial transports. RMA had two ambulances on scene within five minutes, and five within 10 minutes. All seven of RMAs on-duty ambulances were on scene within 25 minutes. (During night shift, RMA has fewer ambulances available than in daytime.) Mutual aid units were readily available, and fortunately the region was not busy.

Table 4. Ambulances On Scene

Time of Day	Unit	Returned Response
0:43	RM109	
0:47	RM105	
0:52	RM102	
0:52	RM101	
0:53	RM103	
1:05	RM106	
1:05	RM107	
1:05	RM341	
1:06	RM342	
1:08	DEN39	

Time of Day	Unit	Returned Response
1:10	RM315	
1:12	RM104	
1:12	RM308	
1:12	CNG611	
1:12	CNG61	
1:12	RM306	
1:14	RM348	
1:15	RM309	x
1:18	RM105	x
1:21	DEN35	
1:26	SMET42	
1:30	RM102	x
1:31	SMET32	
1:31	SMET35	
1:41	WMETM2	
1:41	WMETM6	

RM = Rural Metro; DEN = Denver Health Medical Center;

SMET = South Metro FD; WMET = West Metro FD; CNG=Cunningham FD

Table 5 summarizes the ambulance arrival times. There were 17 on scene within the first 35 minutes, but only two within the first 10 minutes.

Table 5. Ambulances On Scene Within the First 35 Minutes

Ambulances On Scene	Time Interval
2 (RM 109, 105)	< 10 minutes
3 (RM 101, 102, 103)	< 15 minutes
3 (RM 106, 107, 341)	< 25 minutes
3 (RM 315, 342,Denver 39)	< 30 minutes
6 (RM 104, 306,308,Cuningham 61, 611, RM 101-returned)	< 35 minutes
Total 17	**< 35 minutes**

Denver Paramedics and Cunningham Fire sent mutual aid ambulances that arrived within the first 35 minutes.

At 01:10, 32 minutes into the incident, three more ambulances more were requested from South Metro Fire Department. They arrived at 01:31, 53 minutes into the incident. At 01:12, 34 minutes into the incident, West Metro Fire dispatched two ambulances that arrived at 01:41, 63 minutes into the incident. At 01:21, 43 minutes into the incident, American Medical Response (AMR) dispatched one unit, but there is no record of their arrival. Due to the time it took to obtain these units, South Metro, West Metro, and AMR did not transport any patients.

Table 6 indicates the transport unit, time into the incident, numbers of patients transported by police or fire units, condition of patients, and destinations. Blue is police transports, red ambulance transports. Records on private vehicle transports were not available.

Table 6. Patients Transport Times, by Agency Transporting[28]

Unit	Time into Incident	Number of Patients	Conditions	Hospital; Destination
APD 302	8:59	1	Red	TMCA
APD Metro 11	15:54	2	NA	TMCA
APD 201A	15:54	1	NA	TMCA
RM 109	17:13	1	NA	Children's
RM 101	17:55	1	NA	Children's
APD 302	18:04	2	Red	TMCA
APD CR6	18:29	2	Red	TMCA
APD 314	21:32	3	Red	University
APD Metro 11	23:59	3	Red	University
APD 207	24:00	2	NA	University
APD 209	00:01	1	NA	University
APD 571	24:19	2	Red	University
RM 105	24:57	1	NA	TMCA
RM 102	25:50	3	2 Red	University
APD 302	26:24	3	2 Red	University
APD 204	26:24	4	NA	University
APD Y47	27:24	1	NA	Children's
APD CR45	29:24	2	NA	Children's
RM 342	33:24	2	NA	Swedish
DG 39	36:18	2	NA	Denver General
APD Metro 11	37:39	1	NA	TMCA
RM 103	39:11	3	Yellow 2, Green 1	DGH
RM 308	39:44	1	NA	University
RM 107	44:59	1	NA	Swedish
APD 302[29]	48:09	0?	NA	University
RM 315	49:34	1	NA	TMCA
RM 306	52:31	1	NA	Parker
RM 104	52:49	1	Green	Parker

[28] This accounts for 48 patients transported by police vehicle or ambulance. There are others who were transported by private or police vehicles, but the mode of transportation cannot be confirmed.

[29] This transport is still questionable. The CAD notes APD 302 transporting two patients. APD 302's report read that he responded to the hospital to assist with interviews, but did not transport anyone.

Within 15 minutes, there were five ambulances on the scene, but by this time, the police already had transported at least three patients. RM 109 was on scene in less than three minutes, but did not transport their first patient until 14 minutes later. This is consistent with reports of delayed patient access to ambulances, likely due to being ordered to stage. RM 101 arrived within 12 minutes, and had patients ready for transport within five minutes after they arrived (very efficient). Between the 18- and 24-minute points, APD transported an additional 12 red patients before another ambulance transport was performed. **There were six ambulances on scene in this time period, but the patients could not get to the ambulances, or the ambulances to patients.**

Between the 24 and 36 minute mark, eight additional patients (two triaged red) were transported by ambulance, while APD transported another two red patients. After this, APD transported three more patients, while another eight were transported by ambulance. This information suggests that after the 24-minute mark, the EMS ICS was getting organized and ambulance transport was increasingly possible.

Reviewing the available but incomplete information on patient transports, one cannot make definite conclusions as to whether some patients should have waited for ambulance transportation without knowing more about their medical condition and how likely they would have been affected by delay. It was not possible to relate each patient condition and outcome to a transport method. However, we do know that APD transported at least 17 patients initially triaged as red within the first 25 minutes.

Eventually a total of 27 ambulances were on scene, but their time of arrival is crucial to understand. Even if all on-scene ambulances could access patients as they arrived in this incident, transport of several red patients would likely have been delayed without use of the police vehicles. **There were not enough ambulances on scene early enough to transport all the red patients, even if they had not been delayed in getting to the patients.** Yellow or green patients could have been transported by multi-purpose units.

All seven Aurora-based RMA ambulances were on scene within 25 minutes of the initial dispatch. Additional RMA ambulances were dispatched and on scene within 35 minutes. It took between 32 and 43 minutes to dispatch additional mutual aid ambulances. Considering the number of patients likely to be injured, this was much too long. We could not determine if the delay was due to the time it took for Aurora Communications or RMA to process the request, or the piecemeal dispatch of additional units instead of strike teams or task forces, or if messages did not get through to the intended services.

Use of Police Cars for Transport – The initial use of police vehicles to transport critical patients was not only acceptable but likely represented the best care for critical patients. However, more effort should have been made to quickly transition to ambulance transport of patients. Instead of making multiple transports to the hospital, police units could have assisted

with ambulance egress into the scene. Also, police cars could have transported more of the non-critical patients to ambulances at the staging areas.

Both police and fire officials agreed that many critically injured patients needed to be transported by police car, because ambulances could not or did not know how to get close enough. In actuality, this is not necessarily a bad idea. There is a growing body of medical literature that suggests this type of expedient transport, even without the benefit of pre-hospital care, is associated with improved outcomes for victims of penetrating trauma to the thoracic-abdominal region.[30], [31] Thus, considering the situation, the decisions concerning patient triage, treatment, and transportation of patients appear to have been appropriate and should be credited for saving the lives of at least two victims who required immediate interventions on arrival at the hospital to survive. All patients who required it were transported to hospitals within 52 minutes from the first 911 call, many much sooner than that.

Treatment on Scene

The main goal of EMS treatment units is to provide immediate care and to ready patients for transportation to the appropriate medical facility, assignment to a casualty collection point, or release.[32] The use of treatment units allowed for the faster patient treatment and a better span of control.

EMS Medical Directors and EMS Managers determined that the patient care decisions made at the incident were reasonable and prudent. As noted earlier, two patients suffering penetrating thoraco-abdominal injuries were likely saved by rapid, immediate transport. The application of a tourniquet on a patient experiencing a severe leg hemorrhage was probably lifesaving. EMS providers should continue following current protocols.

Treatment dispatch managers are responsible for getting patients from the treatment groups to the transportation group. This position is not necessary when the transportation group is close to the treatment group(s). In these types of incidents, where there is a distance or restricted access to the transportation group, this position becomes more important. There were sufficient EMS supervisors and senior providers on scene to fill these positions.

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[30] Seamon, M.J., Doane, S.M., Gaughan, J.P., Kulp, H., D'Andrea, A.P., Pathak, A.S., Santora, T.A., Goldberg, A.J., & Wydro GC. (2013). *Pre-hospital interventions for penetrating trauma victims: a prospective comparison between Advanced Life Support and Basic Life Support, 44*(5), 634-8. doi: 10.1016/j.injury.2012.12.020

[31] Funder, K.S., Petersen, J.A, & Steinmetz J. (2011). On-scene time and outcome after penetrating trauma: an observational study. *Emergency Medical Journal, 28*(9), 797-801. doi: 10.1136/emj.2010.097535

[32] Walsh, D.W., Christen, H.t., Jr., Callsen, C.T., Miller, Maniscalco, P.M., Lord, G.C. and Dolan, M.J. (2012*). National incident management system: Principles and practices.* (2nd ed.). Sudbury, MA: Jones and Bartlett Learning.

If treatment dispatch managers had been used, ways to allow ambulance access to certain parts of the scene may have been discovered. Figure 24 shows an area where ambulances may have been able to jump curbs to hasten access or egress.

Figure 24. Possible Ambulance Access or Egress Points

Medical Direction

The Aurora EMS community is fortunate to have an EMS medical director from each Aurora medical facility. As part of our review, we conducted a meeting between the three medical directors and the EMS managers from AFD and RMA to discuss the incident and procedures.

The EMS Medical Directors were satisfied with the patient care provided at the scene. The transportation decisions generally were considered appropriate for this specific incident. EMS providers should not view this approval as a change in the standard of EMS care.

The EMS Medical Directors and EMS Managers continue to support the proper use of ICS and documentation using triage tags and E-PCR. Hospitals were concerned that not having documentation hindered the ability for the Emergency Department to identify patients.

Hospital Care

In part because Transportation Group was not established under ICS, there was a delay in notifying hospitals about the incident, and the numbers and types of patients being sent to them. ERs were hearing rumors and receiving inauthentic communications, such as calls from the general public about patients heading their way. Lack of pre-notification and not using triage ribbons or patient tags led to confusion at some hospitals. The hospitals were largely unaware of the incident size, or the expected patient surge. A log, likely from RMA, indicated that at 12:59

hospital status information was obtained, but it appeared that this information was not shared with Police or Fire Command.

Hospital Destinations – Table 7 shows the patient distribution by hospital, and the mode of transport, based on data gleaned from CAD, E-PCR, ambulance reports, police reports, and hospital records. Some hospitals did not know the means of transport for some victims because they were dropped off before a record could be made, or things were too hectic and the type of vehicle was not a crucial piece of information.

Table 7. Hospitals Receiving Patients[33]

Hospital	Number of Patients/Vehicle Type
Medical Center of Aurora	21 (10 ambulance or police; 10 private vehicles, 1 on foot)
University of Colorado (Anschutz)	23
Children's Hospital Colorado	6 (2 ambulance, 4 by police or private)
Denver Health (Denver General)	5
Parker Hospital	2
Swedish Hospital	3
Total	**60**

There were additional patients transported by private vehicle after the incident was over. Some patients were transported to Centennial Medical Center by private vehicle, but numbers could not be confirmed.

Nature of Injuries – District Attorney charging documents have records of the condition of 75 patients. Other sources show 82 injuries in total, with minor injuries probably accounting for the difference. Approximately 60 victims are known to have been treated in hospitals on the day of the incident, and a few later on. Some went to their own doctors, or took care of themselves. Table 8 shows the type and severity of injuries for the 75 patients with records identified. We grouped them as follows:

- **Death** – Triaged on scene as dead, or declared at hospital
- **Gunshot Wound/Critical** – Patient required emergency surgery
- **Gunshot Wound/Complex** – Patient had wounds involving multiple systems, i.e., soft tissue with fractures or soft tissue with neurological deficit
- **Gunshot Wound/Soft Tissue Only** – Did not require surgical repair or was not accompanied by life-threatening blood loss
- **Orthopedic** – Non-life threatening wounds not caused by gunshots, i.e., trip and fall

[33] This is the number reported who were transported by police cars or ambulances. It does not include all those transported by private vehicle.

- **Chemical Exposure** – Non-life threatening chemical exposure, probably from the CS gas released in the theater.

Table 8. Patient Type and Severity[34]

Injury Severity	Number
Death	12
Gunshot Wound/Critical	21
Gunshot Wound/Complex	22
Gunshot Wound/Soft Tissue Only	18
Orthopedic	9
Chemical Irritation	5
Total	**75**

The Medical Center of Aurora – The Medical Center of Aurora (TMCA) is the closest hospital to the theater. It received 21 patients, 9 by police car, 2 by ambulance, 8 by private vehicle, 1 on foot, and 1 by unknown means. The first patient from the theater had run to the hospital. Patient surge occurred early, with 12 gunshot wounds arriving within 20 minutes.

The emergency department was under construction at the time of the incident, and it had fewer treatment rooms than usual. It was first notified about the incident by an unknown cell phone caller. A hospital security guard monitoring a police radio heard about the incident and notified the ED staff. It was not until 12:55 hours that notification was received from dispatch. The official mass casualty incident notification system was not used. Without triage tags it was difficult to document incoming patient information, and the emergency department did not know if more patients were going to be arriving after the first few. A nursing supervisor called dispatch for this information.

The emergency department challenges included:

- Difficulty in planning resource allocation, because the expected size of the surge was not communicated to them.
- A slower than desired triage process in the hospital as a result of no notification, no field triage information, and patient surge.
- Not knowing how many patients would arrive at what interval as the event unfolded.

[34] Based on charging documents from the Colorado AG Office.

When the incident occurred, the emergency department already had a large number of patients, with many in the waiting room. The hospital took the following actions:

- Emergency department staff started moving beds to facilitate treatment.
- Staff members including the on-duty hospitalist, an intensivist, a trauma surgeon, and an anesthesiologist were summoned to the emergency department.
- Another trauma surgeon, two additional orthopedic surgeons, and two additional emergency physicians were requested to report to the emergency department.
- Additional nurses were summoned from within the hospital.

Treatment included:

- Two patients given emergency, life-saving surgery.
- Three patients given urgent surgery.
- Two other patients treated who did not need immediate care.

There was no need for the emergency department to declare a diversion. The hospital emergency room remained ready for a second wave of patients for one and a half additional hours. Emergency room staff said that previous mass casualty incident drills were helpful in preparing for the incident.

University of Colorado Medical Center – This hospital complex received 23 patients by police, ambulance, or private vehicle. Several critical patients required immediate surgery or advanced airway protection with ventilator support. There were 25 patients already in the emergency department, and 14 were moved to make room for the new patients.

Like the other hospitals, the emergency department was challenged with the patient surge. Decisions had to be made concerning ramping up emergency department staffing and hospital-wide mobilization of personnel. Being a teaching hospital, situations that would normally tax community hospitals are less challenging for a university hospital because of the availability of residents and teaching staff.

The facility emergency manager heard the initial incident on a fire department scanner. He called the hospital administrator and ordered the command center to be activated. Emergency department personnel continued to prioritize patients, and acute care services were reinforced. A limited hospital-wide mobilization was enacted that added experienced personnel to the emergency department, including.

- Two attending physicians
- Two resident physicians
- 14 to 17 additional nurses

- Five technicians
- Extra clerical and transportation personnel

No diversion was needed for patients sent to this hospital.

Children's Hospital Colorado – This hospital received six victims, two brought by ambulance, three by police car, and one by private vehicle. The patient transported by EMS was very critical, and the care administered by the paramedics en route was essential.

The emergency manager responded to the hospital and activated its Emergency Operations Center, which remained open on and off until 7:00 p.m. the next evening. The incident was considered a Level 1 emergency calling for internal stand-by procedures but no activation of the emergency plan. Though a children's hospital, the emergency department treated several adults. If specific types of adult specialists are necessary, they can be easily obtained from the adult facility located across the street.[35] The incident occurred around shift change, making two additional physicians available. Emergency department diversion was not needed. The staff were concerned that no pre-notification was made.

Other Hospitals – Three additional hospitals—Denver Health, Parker, and Swedish Hospitals—each accepted a few victims. They were adequately staffed to provide this emergency care and advanced trauma services.

Key Findings

Overall, police, fire, EMS, and all public safety agencies were able to overcome adverse conditions and get patients treated and transported. No one died who could have been saved.

Incident command was disorganized, primarily because no unified command or organized single command structure was established early on, which made it difficult to coordinate EMS with police operations. This led to

- Lack of adequate police-fire communications on the level of risk in the theater.
- Inability to delineate specific safe zones (like Theater 9).
- Lack of communication on how to get ambulances through the maze in the parking lot to patients.

The fire captain acting as BC who was the initial fire incident commander, was not assisted with a second BC or higher level chiefs until much too late in the first critical hour and he was overwhelmed with radio traffic.

[35] Children's Medical Center thought that the EMS community should be aware that Children's can manage adult patients. When children and adults are injured during an incident, all are often transported and treated there.

Triage units did not use a patient identification system (triage ribbons or tags), which made tracking for transportation, and quick evaluation at the hospitals, more difficult.

Treatment provided by fire and EMS crews met the standard of care. There was an adequate number of Treatment Units set up around the theater.

Based on the conditions found, rapid transportation of severely injured patients by police car was the right decision for critical patients. Lack of a single Incident Command Post and lack of a Transportation Group contributed to the inability to get patients to ambulances or ambulances to patients.

Prior to the theater incident, the AFD reassigned its EMS Shift Supervisors to day work positions. Having an EMS shift supervisor would have been beneficial. (The AFD has since returned its EMS Shift Supervisors to shift work.)

Hospitals did well at rapidly triaging unexpected patients, ramping up emergency services, and providing critical care. Lack of notification and patients arriving by police vehicle caused some stress in regards to preparation and patient identification, but no hospital had to close the doors to emergency service patients.[36]

Prior to the theater incident, there was no joint police, fire, and EMS active shooter policy. This affected many aspects of the incident from ICS, communications, safety, and patient care. Since July 2012, the APD, AFD and PSCD have been forming a High Risk Extraction Protocol (HREP) that includes policies, tactics, and ICS strategies.

Recommendations

1. **Scene Safety.** During a mass casualty incident, command should announce when the scene is reasonably safe for EMS to proceed, or what level of protection responding providers need to operate under (e.g. police guarding EMTs.) There almost always will be the possibility of another shooter or another bomb, but the probability will vary. Different departments or incident commanders may have different value judgments as to what is acceptable risk to firefighters vs. victims who need their help, but there should be strong police-fire discussion as to the detailed circumstances of risk in a particular incident. [We note again that perceived risk probably did not affect actions in the Aurora incident, mainly by luck of having a police SWAT paramedic present in the theater, but it brought to light the issue.]

   Several recommendations have been offered by various national and regional agencies regarding how aggressive EMS providers should be in entering and

[36] Most EMS systems have a method that allows overcrowded hospitals close for all or certain types of patients. The rules differ within each EMS system.

providing triage in a warm zone. Choices include SWAT trained EMS providers, SWAT or law enforcement teams to escort and protect EMS providers in the warm zone, body armor for EMS providers, or having law enforcement quickly remove patients to a triage unit in the cold zone. There is not enough data or experience to determine one best solution. Therefore, we recommend that whichever solution is chosen, the following guidelines be followed:

- All personnel are trained and exercised in the performance of active shooter scenarios;
- Policies are developed with input of all agencies that can possibly be involved;
- Mass purchases of any protective or countermeasure equipment be performed only after determining which types of active shooter policies will be embraced by local agencies; and
- Whenever an incident occurs that requires the use of the active shooter policy, an AAR is conducted to evaluate all aspects of the response. Data should be collected to determine what procedures and equipment were used, and whether effective.

2. **Safety Officer.** As noted earlier, there needs to be an Incident Safety Officer quickly appointed who should pay particular attention to the access or egress of emergency vehicles. Based on other conditions, it may be appropriate to rapidly move all patients away from the incident. Choices include direct transportation to hospitals or to awaiting ambulances in the staging area.
3. **Staging Manager.** The Incident Commander should quickly appoint a Staging Area Manager who will find and report on a location for staging. Engine 7 was to be the staging manager but there was no one in staging until about 26 minutes and 37 seconds into the event when Rural Metro 402 arrived.
4. **Strike Teams.** Dispatch and incident commanders should consider calling for multiple fire or EMS units as strike teams or task forces when large numbers of responders or equipment are needed after the first several units arrive on the scene. Dispatch and the EOC must have the authority to plan responses based on using these teams. The strike teams do not necessarily stay together; the intent is to promote order, and have a supervisor with a team to assure enough supervisory personnel, rather than a continual stream of units arriving, or attempting to call for exact numbers of units using surgical precision, which is much harder to manage. While prompted here primarily by the EMS situation, it also applies to police mutual aid, especially after the initial police response.

For example, at the theater mass casualty incident, once it was known that there were multiple patients, dispatch could have alerted AFD for a Paramedic Engine Strike Team consisting of the five closest ALS engines, and a Battalion Chief (or FD EMS Supervisor), all of whom would have common communications. Instead of individual ambulances, dispatch could have alerted RMA for an ALS Strike Team consisting of five ALS ambulances, and an EMS Supervisor, all having common communications. The advantages of this method:

- Units would respond in organized waves, decreasing the likelihood of on scene chaos, access and egress issues, and allow the Incident Commander to initiate command, select a staging area, and to gather thoughts. The radio logs of the incident included several examples of the incident commander having units standby so he could organize his thoughts.
- Instead of trying to identify or guess at precise number of units needed, these groups allow for sufficient units to be dispatched without the need for multiple phone calls and radio transmissions trying to clarify numbers.
- An Incident Commander could assure a rapid response of sufficient equipment without having to debate the exact number of units needed.
- Dispatch could have assembled groups from mutual aid companies instead of initiating a general call. This allows dispatch to be ready for an Incident Commander's request, and pre-planning a large response in a way that does not deplete one area. In this incident, dispatch might have requested Denver Health Medical Center to send or assemble an EMS Strike Team. The Aurora EOC might have asked Arapahoe County EOC to assemble two ALS Strike Teams and advise when ready.
- The strike teams and task forces could help prevent the lag time caused by a single unit dispatched. In this incident, some units were not dispatched until 32 to 43 minutes into the incident.

5. **Access of Ambulances.** When access is difficult, police, fire or other agencies may have to physically guide ambulance units into the scene. During this incident, police personnel were aware of an access and egress point via the south side of the incident. By guiding units into the scene, ambulances could have gotten closer to patients, and a transition from police to ambulance transportation could have quickly occurred.
6. **Police EMS Transports.** In situations where immediate transport of patients is warranted, use of police or other emergency vehicles is appropriate when ambulances are not immediately available. This is especially true for patients suffering from

penetrating wounds to the thoraco-abdominal area. Specific guidelines should be developed to guide police, fire, and EMS crews.

7. **Active Shooter Protocol.** Ensure that the new active shooter protocol remains a "living document" with leaders from AFD, APD, and the EMS provider monitoring and evaluating the SOG's success and continued relevance.

8. **Triage Ribbons and Tags.** Aurora public safety providers should adopt a triage identification system that includes color-coded triage ribbons for patients. Traditional patient triage tags should be saved for use in treatment units. Initially, patient details are not necessary, just the patient's initial condition. Even if circumstances dictate that no other documentation can be obtained, incident providers and emergency departments will have an idea of what they are dealing with. Figure 25 shows an example of each ribbon. Recent research has suggested that initial on-site (hot zone) triage be limited to just red or green identifiers (acute or not acute).[37]It does not take long to affix a ribbon or some indicator that the patient has been triaged if the ribbons, etc. are at hand.

Figure 25. Triage Ribbons

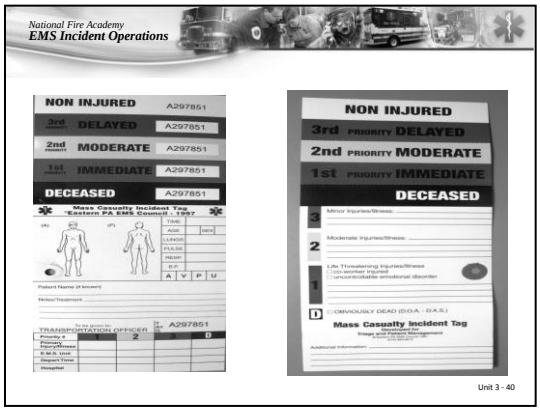
Initial Triage Ribbons

Triage Ribbon with Words

Triage tags (as opposed to ribbons) should be used on mass casualty incidents when the patient reaches the Treatment Group. Careful attention should be given to using a unique identifier when keeping track of patients. The Transportation Group should collect a detachable copy of the unique identifier to allow for later matching with other patient records. Figure 26 shows an example of a triage tag.

[37] Ramish, A.C., and Kumar, S. (2010). Triage, monitoring, and treatment of mass casualty events involving chemical, biological, radiological, or nuclear agents. *Journal of Pharmacy and Bio-allied Sciences, 2*(3), 239-247. doi: 10.4103/0975-7406.68506

Figure 26. Example of Triage Tags



Triage tags help incident and hospital staffs track patients. During this incident, crews began to use triage tags, but the situation and lack of experience with them made their use impractical. One member noted that the tag used was easily torn.

Aurora Fire Department and RMA personnel must become comfortable using patient identification materials. During our interviews, providers advised that they tried to use triage tags, but due to lack of experience, were unable to do so. To increase EMS provider confidence in using patient identification materials, the AFD should provide additional training and opportunities for using these materials. Ribbons and tags could be used during smaller mass casualty incidents and during non-emergency situations such as public or stadium events.

9. **Implementing NIMS and ICS.** Continue to implement NIMS and ICS throughout the Aurora public safety system. (This should be a priority for all public safety organizations.)

10. **Integrating Rural Metro into ICS.** The AFD should further integrate RMA into the ICS process, especially regarding responsibility for the Transportation Group. The current agreement between AFD and RMA fixes EMS ICS authority with the AFD. This should not change. But during mass casualty incidents, the AFD Medical Group Supervisor could delegate responsibility for the Transportation Group to RMA. An RMA supervisor is usually readily available. During the theater incident, RMA and mutual aid agencies had supervisory personnel on scene who could have assisted with the EMS ICS process.

    Also, when renegotiating the next contract with RMA, include an agreement that when special conditions or events occur, the fire chief may order additional ambulances to be staffed.

11. **EMS ICS Vests.** EMS ICS position vests should be used to identify those placed in key ICS positions. Figure 27 shows examples of EMS ICS vests. During larger mass casualty incidents, there is often mutual aid from places where providers are unfamiliar with each other. ICS vests help providers to understand the EMS command functions and to identify key leaders.

Figure 27: ICS Vests

12. **Use of Treatment Dispatch Managers.** Appoint Treatment Dispatch Managers under ICS in order to have better organized transfer of patients from treatment units to awaiting ambulances.

13. **ICS Reporting.** Pay closer attention to completing ICS forms and transportation records in order to better document incidents.

14. **Expanded Police EMS Role.** Aurora Police Department should consider expanding the EMS scope of practice for police officers, especially for gunshot wounds. The International Association of Chiefs of Police now recommends (since October 2013) that every law enforcement officer receive tactical emergency medical training including critical core skills of early, life-threatening hemorrhage control and rapid evacuation of mass casualty victims to a casualty collection point. Tactical emergency medical skills are critical life-saving interventions whether as officer applied self-aid or aid given to a fellow officer, or aid to victims of a mass casualty situation such as an active shooter or bombing event.

    The U.S. military, under the Committee on Tactical Combat Casualty Care and the Rapid Fielding Initiative, created the "improved first aid kit" (IFAK), which is now issued to every combat deployed U.S. soldier. The contents of IFAKs vary between branches, but civilian versions are now in widespread use in law enforcement. The IFAK is designed to increase the user's capabilities to provide Self-Aid/Buddy-Aid and provides interventions for the two leading causes of death on the battlefield—

severe hemorrhage and inadequate airway. Civilian IFAKs should include a tourniquet, a "battle dressing" (either an "Israeli Dressing" or a dressing impregnated with a hemostatic agent such as "quik clot"), and a nasopharyngeal airway. Figure 28 shows a picture of a Civilian IFAK.

Figure 28. Civilian IFAK

Nasopharyngeal Airway (NPA) – The nasopharyngeal airway is recommended by the Committee on Tactical Combat Casualty Care for use to maintain a patent airway in semi-conscious or unconscious patients with intact gag reflex. The NPA is well tolerated and is easy to keep in place during extrication and transportation. Figure 29 shows a NPA.

Figure 29. Nasopharyngeal Airway (NPA)

Emergency Bandage – The emergency bandage (nicknamed the "Israeli Bandage" by U.S. Military Personnel in the Middle East) is an elasticized bandage with a non-adhesive bandage pad sewn in. It has a small plastic bar that allows the direction of the bandage to be reversed and tightened. It can be deployed to the body or extremities, and can be placed in more areas than a tourniquet can effectively reach. Some brands are impregnated with hemostatic agents that promote blood clotting. Figure 30 shows a picture of an "Israeli Bandage."

Figure 30. Emergency (Israel) Bandage

Tourniquets – A tourniquet can control severe hemorrhage, and is usually employed when dressings and direct pressure have failed. The use of tourniquets has been taught as a last resort as part of basic first aid. Originally, medical providers were taught that the application of a tourniquet would result in the eventual loss of the limb. Recent advances in military medicine have guided emergency care standards in a new direction. Low-cost, easy to use devices can be applied with a greater level of bleeding control. Loss of limb is not a necessary result. Figure 31 shows examples of tourniquet devices available.

Figure 31. Tourniquet Devices

CAT TK

MedGag

Medical Direction – The physicians making up the fire and EMS medical director group should also be officially appointed as APD EMS Medical Directors. EMS is the practice of medicine outside the hospital. The scope of such practice and not the type of organization should determine the extent of medical direction needed. The National Association of EMS Physicians advocates for medical direction through all phases of EMS. This includes a recent emphasis on Law Enforcement Special

Operations, including Tactical EMS.[38, 39] If qualified, one of the EMS Medical Directors should be appointed the Tactical EMS Medical Director. Alternatively, a qualified Assistant EMS Medical Director for Tactical EMS should be appointed.

[38] Heck, J.J. and Pierluisi, G. (2001). *Law enforcement special operations medical support*. Position Paper of the National Association of EMS Physicians. Adopted: March 27, 2001. Retrieved from: http://www.naemsp.org/Documents/Position%20Papers/POSITION%20LawEnforcementSpecialOperationsMedicalSupport.pdf

[39] NAEMSP. (2010, March). *Medical direction for operational EMS programs*. Position Paper of the National Association of EMS Physician. Adopted: March 23, 2010. Retrieved from: http://www.naemsp.org/Documents/Position%20Papers/POSITION%20MedDirforOperationalEMSPrograms.pdf

CHAPTER VI. PUBLIC SAFETY COMMUNICATIONS

Previous chapters discussed some communications issues relating to police and fire responses to the incident. This chapter focuses on the actions of the Public Safety Communications Department, and also addresses some radio communications issues (i.e., radio programming) not under the control of the Communications Department.

Role of Communications Center

A public safety communications center has many critical responsibilities during a major incident, and the Aurora Communications Department had them all. They received calls that alerted the city to the emergency and started the process of response by dispatching selected units following pre-established protocols. The Communications Department notified various police, fire and city leaders about what was known. The Communications Department also gave instructions to several callers on what to do before help arrived.

The Communications Department alerted other agencies and nearby communities that a major incident was occurring and that mutual aid might be needed. The Communications Department then dispatched additional Aurora units and requested mutual aid units, following size-up by incident commanders. The Communications Department relayed messages to units within each emergency department and across departments. Later in the incident, they handled calls from families seeking information on victims, and from media and others who sought information on the incident.

Overall, the Aurora Public Safety Communications Department coped well with the surge in calls and assisted fire and police commands and first responders throughout the incident. As might be expected, there are a number of areas needing improvement in handling a future mass casualty incident, notably the police-fire communications problems discussed earlier.

Communications Center Staffing

The initial Computer Assisted Dispatch (CAD) entry for the first call regarding the Century 16 Theater shooting was made at 12:38 a.m. on July 20, 2012—technically the early hours of a Friday, but to most a late weekday night. The Communications Department had normal overlapping swing and graveyard shifts on duty at the time. As a result, 16 telecommunications staff members were available, including 911 operators, police dispatchers, fire dispatchers, service dispatchers, a lead telecommunicator, and a shift supervisor. In addition, four off-duty telecommunicators reported to the Communications Center on their own initiative.

Because Communications Center staff members are cross-trained, the telecommunicators assigned to fire dispatch functions were able to assist in call taking to help answer the high volume of incoming 911 calls. They re-focused on fire dispatch after the initial surge of calls,

and later assisted in call taking for the second surge of calls from families, the media and others. Taking advantage of this flexibility was routine; the fire dispatchers often helped with call taking after midnight on weekdays, when the workload from fire/EMS was low.

Call-taking Volume

Beginning at 12:39 a.m., about 100 calls regarding the shooting were received within 22 minutes, many from theater patrons who had mobile phones. Fortunately, there was only one unrelated emergency medical request in that period.

As soon as some of the more experienced 911 operators realized that multiple reports were being received for the same incident, they began to quickly inform subsequent callers that help was on the way, and then moved to the next call. However, three of the on-duty 911 operators were relatively new employees who were reluctant to deviate from the prescribed call-taking procedures they recently had been trained to follow. They went "by the book," attempting to gather full incident information from each caller, such as asking for the theater's address, even though it was redundant and most callers would not know this information anyhow.

Call-takers attempted to provide pre-arrival medical instructions for at least five of the callers from the theater who reported wounded nearby. For a mass casualty situation with massive help on the way, attempting to provide pre-arrival instructions was not the best practice because there are too many to assist, and that ties up the 911 lines, potentially blocking or delaying the receipt of other emergency calls.

As noted above, after the initial surge of calls reporting the shooting, a second surge about three and a half hours later came from people inquiring about specific victims, followed by calls from the media and people all over the world who wanted to know more about the incident. The Communications Department handled about 6,000 calls during the 24 hours following the shooting, versus 1,300 calls on a typical day.

In spite of the dramatic increase in calls, the Department met its goal that day of answering 95 percent of 911 calls within 10 seconds—excellent performance. Only a small number of calls, 22 out of 6,000, were sent as overflow, 21 to the Arapahoe County Communications Department and one to Denver Communications. The Aurora 911 System is programmed to do this automatically. Arapahoe County communications cannot access the Aurora CAD System, so overflow calls must either be sent back to the Aurora Communications Department, via 911, the non-emergency number or the Metro Net system.

Request for Mutual Aid

Within 3 minutes of the first 911 call, the Communications Department staff took the initiative to use Metro Net (an inter-agency communications system) to notify surrounding law enforcement agencies that a major emergency was in progress and that their assistance might be

required. The Communications Department did this prior to receiving a request for mutual aid from Aurora police or fire commands. This initiative sped up a massive influx of mutual aid personnel from surrounding jurisdictions, especially from the Denver Police Department.

Personnel Notifications

There were inadequate notifications early in the incident to the Public Safety Communications Department managers and to a backup cadre of telecommunicators.

Senior Managers – Consistent with the lateness of the hour, the City's Public Safety Communications Manager, Senior Supervisor and Training Supervisor were off-duty and at home. Although the Communications Manager was advised of the shooting by telephone, he apparently did not comprehend the magnitude of the incident and did not come in until the following morning. He said he was shocked to hear the details of the incident on the morning news. The Senior Supervisor and Training Supervisor also were not successfully alerted and did not learn of the incident until the following morning.

The failure to get a senior manager into the Department had two major consequences, besides embarrassment in not being prepared to inform others about the incident: (1) they were not able to make command and managerial decisions such as organizing backup staffing. If the incident had gone on much longer, another shift would have had to be brought in, and there was no preparation to do so; (2) employee relations in the Communications Center were affected for months after the incident because the belief spread that while the telecommunicators worked hard under great stress to handle the crisis, the senior managers slept through it.

Callbacks – The shift supervisor transmitted text messages to a cadre of off-duty telecommunicators to report for duty, but sent them as non-critical requests to come in voluntarily, not as a directive. The messages did not note that a major emergency was in progress. By good luck, the incident occurred during the standard shift overlap and the staffing level was sufficient to handle communications needs throughout the incident. The telecommunicators on duty did an outstanding job of answering the high volume of calls, and handling radio traffic. But if the incident had occurred at a different time, or if the active part of the incident had lasted longer, the Communications Department would have been overwhelmed, and the failure to obtain adequate reserves could have become critical. Backup telecommunicators and the three senior managers should have been called in and come as soon as the dimension of the incident was understood.

Senior Fire Officials – The acting battalion chief who was the initial fire incident commander did not request an additional battalion chief, nor request communications to dispatch the senior chief officer on-duty or off-duty senior fire officers, including the fire chief, until late in the incident. The fire telecommunicators said they realized this omission but were uncomfortable to make the requests on their own. As a result, senior fire officials did not respond

during the most critical time period. The fire department seems not to have been aware that the protocol at the time did not include dispatch of a senior chief; this is in the process of being corrected.

Police-Fire Communications

Problems in police-fire communications throughout much of the incident came from a combination of complex equipment and lack of enough training with it. The CAD system was nearing end of life during this incident (and was subsequently replaced.) The radio system also was nearing its end of life (and is planned for replacement within the next 18 months) Dispatchers were stretched to the limit by the volume of messages they had to handle, including many police-fire messages that had to be routed through them.

Field Communications – There was a failure to establish direct communications links between the police and fire incident commanders and, to a lesser extent, with responding mutual aid units. A critical series of mistakes were made processing police requests to the fire department for EMS assistance, due to the configuration of the communications equipment and the training police officers, firefighters and telecommunicators had received (or perhaps better said, had needed but not received). Some fire department personnel (and our project team) felt that part of the problem was not enough personnel assigned to fire dispatch during the incident. Multiple requests for rescue and EMS from police in the field were acknowledged by the police dispatcher but not received or not acknowledged by the fire department Incident Commander, and needed resources were not assigned. Confusion resulted from EMS requests being made directly to the police dispatcher by multiple field units, which made it difficult to identify duplicate requests and keep track of EMS assignments. Any time information must pass through multiple hands it is possible there will be miscommunication, duplicate requests, and lost requests. Direct face-to-face contact between police, fire and emergency medical managers is the best solution to inter-agency communications (i.e., establishment of unified or joint command).

In the early moments of the incident, the magnitude was not clearly understood by anyone. Further, the police were not totally aware of the resources fire and EMS had staged, where those resources were located, or why they had trouble getting access to victims. As a result, there was a substantial delay in summoning adequate EMS resources and deploying them effectively and efficiently.

Although the City of Aurora had a fully interoperable public safety radio system, it was not configured at the time in a manner facilitating effective communications in a major incident, and little training had been provided in the use of the interoperable capabilities. Specifically:

- Programming of radios was unnecessarily complicated, and interoperable talk groups (channels) were not available on the Fire Department "Suppression" Fleet channels. Accessing interoperable talk groups required switching away from primary police or fire channels, making it highly possible that critical transmissions would be missed.
- Police Department portable radios were programmed differently depending on assignment, potentially causing confusion. Police "administrative" fleets contained different talk groups from "patrol" fleets. That difference probably was not immediately noticeable to the radio operator.
- Alternative forms of critical incident communications were not considered, especially use of cell phones. The Communications Department does not maintain lists of police and fire personnel's cell phone numbers. Members of the theater audience had better cell phone communications with each other than did police and fire personnel.
- Lack of a unified command resulted in multiple (and duplicate) requests for rescue/EMS being made to the Communications Center, unnecessarily increasing radio traffic and creating confusion regarding the level of support needed.

As a corollary issue, the police Incident Commander (Lincoln 25) specifically asked that Blue Southeast, the mutual aid channel, be patched to the primary Aurora dispatch frequency, but the Communications Department either could not or did not know how to do it. Lincoln 25 then asked to have the City of Lakewood Communication Center make the patch, but they did not have that capability either. Lincoln 25 told us he asked for Lakewood because prior training led him to believe they had the necessary equipment and capability. As a result, responding mutual aid units were unable to monitor radio traffic as events unfolded, decreasing situational awareness and delaying their deployment.

Communications Center Procedures – The Communications Department followed normal protocol and created separate CAD incidents for police and fire. This meant that the CAD incident records of the two departments differed. Police CAD incident updates were not necessarily copied into the fire CAD notes, which limited the completeness of information provided to police and fire field commanders. Telecommunicators can "paste" or "clone" information between CAD incidents at their discretion, but this procedure does not ensure accuracy or completeness. Although police and fire telecommunicators operate out of the same facility, they were not seated next to each other and have to rely on an intercom to exchange information. They could not easily monitor each other's CAD notes to better understand police and fire needs.

The failure to successfully pass messages from police to fire slowed victim transport and led to hard feelings of police against fire for not responding to the EMS requests, when in fact fire units had not received the messages. Police officers and firefighters did not seem to know or

comprehend that there was faulty communications between the two departments in the field, not just during the incident, but long afterwards.

Fire and Rural Metro were never informed by police of the available route to get to victims through the maze of parking lot roads and obstacles. The Communications Department could have helped by requesting a police vehicle to lead the ambulance to patients or, as previously shown in the chapter on the police response, could even have transmitted the path to take if the right apps had been downloaded for personal smart phones.

Fortunately, at the end of the day, though many first responders and victims were upset by delays in victim transports, there was little if any harm to victims from the police-fire communications problems, and no public safety personnel were injured because of them. However, one should not forget that at the World Trade Center in New York on 9/11, failure to inform fire personnel to clear the towers—when police already were clearing them—contributed to the deaths of hundreds of firefighters. Police-fire communications problems must be remedied.

Advances Made – Since the theater shooting, both the police and fire departments have aggressively moved to establish new procedures to ensure better communications and incident command during critical incidents. However, any system that relies on switching radio "fleets" (groups of channels) or using radio "scan" features likely is unlikely to be effective during a major incident with multiple victims that needs a coordinated police, fire and medical emergency response.

Key Findings

Aurora's emergency Communications Department personnel successfully handled a huge volume of calls from the theater, public media, and families. The telecommunicators and center management were involved in critical communications and logistics throughout the incident. They demonstrated their professionalism in handling a complex mass casualty incident without backup for a sustained period through the heart of the emergency.

Communications personnel took the initiative in contacting the mutual aid agencies in the region before being requested to do so by the incident commander, which gave the sister agencies a head start to respond faster and with an adequate force.

The incident allowed for a comprehensive evaluation of Aurora public safety communications, and it showed many flaws. The complexity of the communications hardware and software hindered communications. Too many things go on during a major emergency to remember which button to press when the choices are multiple and confusing. The lack of adequate joint training on interoperability of the complex features of the communications system led to major interdepartmental communications problems during the incident.

Early notification to senior Communications Department personnel were either not received or not acted upon.

Callbacks of Communications Department personnel were not worded strongly enough.

It is likely that some messages sent from the Communications Department to mobile computers, including requests for ambulances, were not received because the intended recipients were outside of their vehicles. There was no protocol to close the mobile data communications loop by requiring an acknowledgment of the message.

Recommendations

1. **Public Safety Three-party Team.** Foster more integration of planning and exercises among public safety communications, fire and police. Communications personnel felt there was not enough understanding, respect, and training among the agencies, and that emergency preparedness should be considered a three-legged stool.
2. **Communications Interoperability Drills.** The Communications Department should hold regular inter-department interoperability communications drills with all three agencies—police, fire, and public safety communications. Personnel of all three agencies should develop hands-on proficiency with their equipment. Human and equipment communications issues should be identified in joint mass casualty exercises, and remedied. The dispatch center should be involved in ICS training, which should include testing of proficiency in using the communications systems.
3. **Call-taking in MCI.** Empower telecommunicators to use their judgment in a large-scale event, and to suspend the usual protocols when they are inefficient or troublesome. Do not waste time requesting the same information over and over from the same event. Once the nature and size of the incident is realized, it should suffice to ask something like "Are you at the theater? Are you safe? Are you hurt?" Even inexperienced call takers should be told they may suspend the usual full protocols for such situations.
4. **Prepare for Second Surge.** In a mass casualty incident, there is likely to be a second surge of calls from family, friends and media following the initial emergency call surge. This extra workload will hit an already fatigued work staff. Procedures should be established early in the incident to temporarily divert non-emergency calls elsewhere, as was eventually done in this incident. The calls could be sent to the city EOC, PIOs, or a special office set up for that purpose.
5. **Adequate Telecommunicator Relief.** The Communications Department should prepare to provide relief to its telecommunicators for a long duration incident. The Communications Department has an Everbridge Interactive Communications and Mass Notification System that can be programmed to do callbacks efficiently using group notifications. This can save Communications Department staff and field commanders' time in the midst of an emergency. The lead or shift supervisor should

have responsibility for deciding when to initiate callbacks of communications staff. A set of notifications should be pre-planned and stored in the system.

Clear definitions must be established for all public safety staff (including police, fire and communications) as to what situations require a request for immediate callbacks to which personnel must respond, versus a non-urgent request for which personnel decide voluntarily. Guidelines on call backs need to specify when to call, whom to call, what text to use to convey a sense of urgency, and how acknowledgement is to be obtained from the person notified.

6. **Face-to-face Command Communication.** As recommended in other chapters, establish a unified police, fire and EMS command, or at least face-to-face communications at a command center, as early as possible in a mass casualty incident, to reduce reliance on radio communications.

7. **Simplify Operation of Radio System.** The radio system needs to be reconfigured to make it simpler to use its interoperative capabilities. Attempting to use interoperability talk groups (channels) or scanning capability is too complicated during an emergency and may result in missing critical transmissions. Consider re-programming police radios to simplify communications. Place specialized talk groups in separate and distinct fleets and do not comingle them with standard (universal or department-wide) programming. Consider reducing the number of radio "fleets" (series of talk groups) to avoid operational confusion. Use identical basic radio "profiles" (channel configurations).

8. **Do Not Rely On Scan Feature**. The scan feature on radios is not effective during a critical incident; the radio will prioritize to the selected talk group and transmissions on non-selected talk groups will be cut off. More training on the radio system would help, but probably not suffice.

9. **Separate Command Radios**. Consider installing both police and fire radios in police and fire command vehicles. This would allow continuous monitoring of each other's activities, and communicating without switching radio systems or talk groups. This capability is especially useful while en route to an incident. Reprogramming existing radios probably would help, but not suffice, because the portable radios will not always be set to the correct talk group, they are difficult to adjust while driving, and they do not work that well inside a vehicle. Further study probably will be required to determine how best to allow reliable inter-department communications using portable radios.

10. **Facilitate Cell Phone Use**. A backup inter-department communications systems such as cell phone direct connect should be considered. The Communications Dispatch should maintain listings of police and fire department cellular telephone numbers.

However, the radio system still should be the primary system, because cell phone infrastructure may become overloaded and fail during emergency situations. Note: that the Communications Manager is of the opinion that cellular telephone numbers released to the Communications Department become public records. A brief review of the Colorado Open Records Act (Title 24, Section 24-72-200.1 et. seq.) does not appear to support this conclusion; however, we recommend consultation with legal counsel prior to proceeding.

11. **Satellite Phones**. If not already available, consider purchasing a small number of satellite phones that do not rely on cell phone sites and will work at almost any location. During destruction of the explosives removed from the Paris Street apartment, the ATF reported that the destruction location was so remote that cell phones did not work. Also, the cell phone system can get overloaded in a major emergency.
12. **Mutual Aid Communications.** Provide a way for mutual aid units to monitor Aurora police talk groups. It appears that adequate patching capabilities that can be used for this are now operational.
13. **Empower Dispatchers**. Dispatchers should be empowered and encouraged to, with tact, recommend or suggest and, if needed, direct Incident Commanders to undertake actions in support of the management of an operation. In the theater shooting, it would have been appropriate to suggest that the fire IC call for additional chief-level support, or even to initiate it themselves, but the dispatcher was uncertain about the appropriateness of this. Dispatchers also should have the authority to solicit critical information from the Incident Commander (i.e., incident status, personnel accountability reports, etc.).
14. **Mobile Terminals in Vehicles**. Do not rely on mobile terminals in vehicles for critical incident communications because incident commanders and supervisors often will be out of their vehicles and unable to monitor computer displays.
15. **Computer Aided Dispatch System Database.** If not already done, program into the Aurora Intergraph CAD system all Denver fire/EMS units, private ambulances, and public medical care facilities. Consider use of the communications technology called CAD 2 CAD Data Exchange Hub (DEH) in the metro area to improve integration with surrounding jurisdiction's CAD systems, and to improve unit situational awareness and real time unit availability in routine and major incidents.[40]

[40] Additional information regarding CAD2CAD/Data Exchange Hub is available at http://www.ncrnet.us/cad2cadportal

16. **Major Incident Working Area in Communications Department**. The Communications Department now has a combined police-fire major incident dispatching area where police and fire dispatchers can be seated next to each other and easily exchange information.
17. **National Incident Management System (NIMS) /Incident Command System.** Communication Department staff, as well as police, fire and EMS personnel, must be versed in the use of NIMS and ICS, including the roles of various positions. Communications Department personnel need to understand the system when field command is setting up ICS positions, and might even prompt or query them about doing so if they forget, as was the case in this incident with the absence of a Transportation Group Coordinator.
18. **Toll Free 1-800 Number.** After this incident, the city acquired a toll free number to facilitate public contact with the city for inquiries after a major incident. Aurora set up some special telephone lines, but a ready-to-go 1-800 number will make it easier for callers and city staff.
19. **Critical Incident Stress Management**. CISM needs to be available to telecommunicators and their managers as well as to first responders. When external CISM counselors are used, they need to be informed on what telecommunicators do.
20. **After Action Debriefing**. A debriefing for Communications Department personnel should be conducted soon after a major event. One purpose is to dispel any lingering rumors.

CHAPTER VII. PUBLIC INFORMATION

This chapter covers how information was provided to the public and the media, except for communications handled through dispatch, which was discussed in the previous chapter.

Public Information and Media Relations

Public information was managed through two Aurora departments: the Police Department and the Department of Communications, not to be confused with the Public Safety Communications Center that handles 911 calls. The Director of the Communications Department reports to a Deputy City Manager. The department provides public information services for city departments, and for the elected and appointed officials.

The Department of Communications team handled media inquiries directed to the city and helped manage thousands of requests for interviews. They created a central online depository for the incident information on the city's website, which had information vetted by the police.

Aurora Police Department public information officers (PIOs) managed media inquiries that had to do with the shooting and the improvised explosive devices at the shooter's apartment. Both departments were managing a tidal wave of calls, emails, and requests for information. The city's website crashed under the load of inquiries, so a second server had to be set up with help from the city's information technology personnel. They created a separate masthead just for the crisis in order to conduct immediate updates and keep the public current on the status of the situation. The city's website slowed to a crawl mid-morning on July 20 and came back around 1:00 p.m.

Initial Police-Media Relations – The Aurora Police Department has two PIOs, one of whom was the on-call PIO at the time of the incident. A news station called him at 12:45 a.m. and asked about the shooting. He immediately checked in with dispatch to let them know he was en route to the theater, and he requested that the sergeant of the PIO unit respond to the scene as well.

The on-call PIO arrived at about 1:30 a.m. While traveling to the crime scene he had requested that the PIO sergeant send out an email blast to the media to advise them of the situation and announce a media staging area. The PIO sergeant arrived on the scene shortly before 2:00 a.m. and brought department laptops to set up in the command post. In the early hours of the event, these positions were manned by an APD officer and a PIO from Rural Metro Ambulance.

One of the first calls the PIO sergeant received was from the PIO at University Hospital describing what was occurring at the hospital. The two PIOs had worked together during previous emergency incidents. The media had started assembling at the theater by the time the first, on-call PIO arrived. He set up crime scene tape to keep the media back and designated a

media staging area in the adjacent parking lot. The media was instructed to operate from that area, which was close to the scene but far enough away to prevent reporters and equipment from interfering with public safety operations and witnesses.

The PIOs began working on a press conference planned to be held at 3:00 a.m. (three hours after the shooting), which Chief Oates had announced. The announcement of the press conference was made on Twitter. This would be the first in a series of press conferences over the next several days.. At the 3:00 a.m. press conference, the Police Chief and the FBI Special Agent in Charge of the Denver FBI regional office jointly outlined the basic facts about the shooting as were known at that time, and answered media questions about the possibility of a second shooter. The Chief indicated that there was no evidence that another shooter or any other conspirators were involved. The FBI SAC addressed the issue of whether the event was an act of terrorism. He indicated that based on all the information available, the shooting was not a terrorist act as defined under federal law and there was no broader threat to the community or the nation.

After the first press conference, a press release was issued between 5:00-5:30 a.m. The on-call PIO asked Executive Captain Stef to handle the media at the Gateway High School family reunification center. The PIO then went back to the scene. For two hours, he sat in his car and conducted interviews with CNN, *Good Morning America*, and others.

The PIO sergeant was stationed at headquarters throughout the day on Friday, scheduling people to staff the media phone lines, coordinating information release, and keeping in contact with the various involved agency PIOs. She also worked with the director and staff of the city's Department of Communications, which was overseeing the city's website, information and communications with elected officials.

The City of Aurora provided on-going situational reports to the media and the public, updating information regularly and reliably. The APD PIOs conducted multiple short, scripted briefings (no media questions allowed)) and then formal press conferences where the media was able to ask questions of the officials who were present. The scripted briefings started Saturday at the suspect's apartment, and were done by the APD PIO. City officials communicated developments at the crime scene and details about response and recovery. Press releases provided updates and breaking news through media blasts, the city's website, and social media. .

Calls were coming in from everywhere. The APD PIOs and call center maintained continual contact with the city's Department of Communications. Some calls dealt with where theatergoers could pick up personal property and vehicles that some had left behind. A detective was tasked with helping to return personal belongings to victims and their families, working with the victim advocates where appropriate.

The police officer who served routinely as a Spanish interpreter was asked to report to the theater to help with public information and communications in Spanish. She spoke with reporters and did a phone interview for Univision Spanish radio. The officer took calls and voice mail

messages, and linked them to the right sources of information. Assisting her was a PIO from Rural Metro Ambulance. They also sent out social media messages when directed by the APD PIOs. There were only a few victims of the shooting who did not speak English, so there was not a great need for interpretation services. Media broadcasts were monitored by personnel who were assisting with public information, in order to catch any inaccuracies and control rumors. A police sergeant was brought in at about 10 a.m. Friday just to monitor and handle the social media, because of the growing communications overload and the need for someone especially conversant in social media. The city made excellent use of social media, leading people to its sites on Twitter and Facebook to find the latest official updates, which reduced the volume of live calls.

Throughout the first days, APD, with assistance from the Department of Communications, released bullet-point updates to the media and via the city's communications channels. Topics included the actual shooting incident, the theater crime scene, the shooter, the shooter's apartment, grief counseling and victims' services, community resources, and phone numbers to report tips, make donations, and obtain additional services.

Rural Metro personnel took care of ambulance information requested by the media. Their PIO took laptops to the scene, where RMA personnel worked with APD to log incoming calls and triage the calls that were from family members of the injured and the missing. They passed along information from those calls to Victims Services for follow-up.

Next Press Conferences – Following the 3:00 a.m. press conference, two more press conferences were held that Friday. A fourth and final press conference was held in early afternoon of the following day, Saturday. These press conferences had to be organized and logistically coordinated. The city had to determine who would speak and what the talking points would be. Facts had to be verified. The location of each press conference had to be worked out so that there would be adequate space for the media, speakers, elected and appointed officials who wanted to be there, and security. Press conferences were held:

- Shortly before noon, Friday, July 20, outside Century 16 Theater
- Approximately 7:00 p.m., Friday, July 20, at Aurora Municipal Center Campus
- 2:15 p.m., Saturday July 21, at Aurora Municipal Center Campus

Prior to the second press conference on Friday, the police chief convened an hour-long meeting of the lead APD investigators and other key stakeholders in the event. These included the senior public officials involved in the community response to the tragedy. Present were the principals or senior representatives of, the governor, the mayor, the Aurora city council, the city manager, the district attorney, the United States attorney, the Colorado attorney general and key investigators and senior leaders of the assisting agencies, including the Aurora Fire Department, FBI, ATF, and Adams County Sheriff's Office (bomb squad). PIOs from police, fire and city

communications were also present. Participants decided who would speak and what information would be released at that time. The messages were carefully scripted to include as much information as could be reported without jeopardizing the investigation and prosecution. It also was thought important to reassure the community and convey sympathy for the families of the victims.

At the press conference the governor, mayor, District Attorney and FBI Special Agent in Charge made brief statements about the event, and Police Chief Oates answered questions. He confirmed the number of injured and deceased, and revealed that the suspect told authorities after his arrest that he had booby-trapped his apartment with multiple improvised explosive devices. Bomb experts and other emergency responders, he explained, were at that scene determining how best to address the threat and residents had been evacuated.

Aurora officials hoped to hold the next press conference later on Friday at about 6:00 p.m., but it did not begin until approximately 7:00 pm because another nearly hour-long preparation meeting had to be completed with all the key officials and investigators to go over and agree on the updated messaging and releasable information. The Police Department hoped to announce the identities of the deceased. The APD and personnel from the Office of the Coroner had been working tirelessly to process the crime scene and identify the deceased victims as quickly as possible using legally required protocols. Though that information was not fully assembled by the time the press conference began, the victims' names were released soon afterwards, and after the families were formally notified.

During that 7 p.m. press conference, it was announced that because of the fatigue of first responders and the fact that national FBI chemical and explosive experts had only just arrived from the their headquarters in Quantico, Va., authorities were going to wait until the following morning to make a definitive decision about the best way to resolve the bomb threat at Paris Street. This, of course, was of special concern to the people who had been evacuated and the surrounding neighborhood. The press conference also provided updates on injured persons and where they had been taken.

Saturday morning the press focus was at Paris Street, where police bomb squads and the FBI were still assessing the types of explosives inside the suspect's apartment, and how to disarm and remove them. There was a series of press briefings that morning. A police PIO sent to Paris Street encountered a large number of media representatives with their equipment all along the street, from Colfax to 17th Street. Police were at the intersection of Colfax and Peoria to make sure that northbound traffic could get through without running into the barricaded area. Public information officers had to communicate which streets were closed and when they were reopened. An AFD Captain who was a PIO offered to assist the APD PIO at Paris Street with media contacts, and stayed all day. ATF and the FBI also had PIOs with whom the APD PIO coordinated

The APD PIO updated the play-by-play for the media as law enforcement dealt with the explosives. Police put reporters behind the media trucks in case something went wrong. Around 10:00 a.m. Saturday, the first tripwire on the explosives was defeated. APD PIO Sergeant Cassidee Carlson underscored to the media the importance of this success, but noted that the scene was being re-evaluated to see if there were additional devices besides those visible from outside the room. Later in the morning, the second triggering device—a remote detonator—was defeated by bomb experts, and Sgt. Carlson announced this success to the media. Further work continued at the site for many hours, but it was determined by mid-day that the apartment was secured, and the press was advised that the operation had shifted into evidence collection and hazard removal.

Final Press Conference – The last formal press conference began shortly after 2:00 p.m. Saturday in front of the Aurora Municipal Center, after a brief preparation meeting. Present were the police chief, fire chief, mayor, governor, special agents in charge of the FBI and ATF Denver field offices, and officials from several other city departments presented more information about the shooter and his weapons. The Paris Street operations were recapped by the FBI SAC. The supervisor of the APD Victim Services Unit provided an update on the efforts underway to provide services to victims and their families. As with the earlier press conferences, Police Chief Oates gave the main briefing, answered the bulk of the media questions, and continued to carefully control the release of specifics about the event, staying consistent with what had been agreed to beforehand by the investigators and other officials.

Police also provided an overview of what they were facing and what agencies were assisting at Paris Street—ATF, FBI, AFD, Rural Metro, and the Arapahoe County, Adams County and Denver bomb squads. Law enforcement described the three consecutive phases of dealing with a bomb situation: render safe; remove and dispose of the devices; and investigate.

APD and AFD jointly had decided that for the various press conferences discussed above, the police department's PIO would be the lead, with the fire department's PIO providing information on the EMS and Hazmat response.

Interviews – From the start of the incident on early Friday morning, July 20, through Sunday morning, July 22, the Police Department and the city's Department of Communications took the position that all media would be treated the same with regard to requests for one-on-one interviews with senior officials. The city officials simply did not have time to respond to all the requests for individual interviews, so none were granted. In addition, it was thought that agreeing to any one interview would lead to a tidal wave of requests from the hundreds of journalists who had descended on Aurora.

On Sunday morning, July 22, the governor, mayor and police chief participated in several national network television interviews, beginning with the traditional Sunday morning news talk shows. These were the first one-on-one interviews with the media. The consistent agreed-upon

message put forth by these officials was that the first response, the investigation and aftermath were being managed well by the authorities and that Aurora and Colorado would overcome the tragedy and prevail.

It was expected that local media would be given access to officials for one-on-one interviews beginning on Monday, July 23. However, at 10:00 a.m. on Monday morning, at the defendant's first court appearance, the Arapahoe County District judge imposed a gag order on the release of any further information by the District Attorney or any law enforcement agency involved in the case. This order cut off any further release of information by the city of Aurora, the Police Department, the FBI, the District Attorney, or any other law enforcement agencies or persons pending resolution of the criminal charges against the defendant.

PIO Mutual Aid – PIO Sergeant Carlson, conceived of an idea to help the murdered victims' families who were receiving a barrage of communications from the media and from people wanting to express their condolences or find out where to make donations, or a range of other issues. The PIO organized a group of volunteer PIOs from the area who agreed to offer their services, and the group worked out the details during a meeting. (This innovative concept is described further in Chapter IX.)

On Friday July 20, APD PIO's reached out to colleagues through the Emergency Services Public Information Officers of Colorado (ESPIOC) for assistance in managing the media call center that had been set up at police headquarters. The Jefferson County Sheriff's Office provided two PIOs, Douglas County Sheriff, Denver District Attorney's Office, South Metro Fire Authority, and the Westminster Police Department each supplied one.

Communications Follow On – The Communications Department's public information staff managed more than 3,000 media contacts during the week following the incident. Requests continued for the next several months. Staff members expanded the city's website, attended to call center phone lines, assisted with the three major press conferences, and contributed to organizing the Prayer Vigil.

The APD PIO worked with personnel from the city's Information Technology Department to handle incoming emails and to set up a telephone number that people could call to get information about friends and relatives, without having to go through 911. Dispatch was now sending non-emergency calls about the shooting to the police PIOs.

A call center had been established early on Friday, July 20, and operated continuously until after the Vigil service Sunday evening. For a short time after that, the call center remained open 8:00 a.m.-5:00 p.m., continuing to serve as a source of information and responding to hundreds more emails and phone calls. Call center staffing needs were met by assigning employees from various city departments and utilizing victim services volunteers. After the gag order issued by the judge on July 23, the number of calls and inquiries from the media for information and interviews died down..

Key Findings

The Communications Director, her staff, and the Police Department's Media Relations Officers effectively managed public information and coordination with the media. Press conferences were timely.

The media and citizens could access the latest information through multiple communications channels, including the city's website, social media, the call center, press conferences and press releases, and of course radio and television broadcasts. Updating information regularly kept rumors under control.

The Aurora Police Department's public information officer did a good job working with multiple agency spokespersons and the media at Paris Street during all phases of the incident—initial evacuation, render safe operations, and the removal of the devices from the shooter's apartment.

The Police Chief did an excellent job presenting what could be said as the response and investigation proceeded. He gave a face to the investigation, and was a calming and confidence-building influence for the public.

Public information officers from the Aurora Police Department and other regional agencies did an outstanding job carrying out an innovative plan to provide public information support for victim families.

The Communications Director and her staff were resourceful and highly competent in addressing their part of the public information/media response and outreach.

Social media was very effective and successfully used to reach a large number of people with accurate information. Spanish-language interpretation was made available to deal with the Spanish-speaking media and to translate for some Spanish-speaking victims.

There were a few times when decisions or planned actions were not well coordinated in advance with other affected city departments. For example, information regarding activation of the call center was released publically (through Access Aurora) before internal city coordination was completed.

Recommendations

1. **Institutionalize Practices**. The processes that the city used to manage and provide public information should be institutionalized in its major incident response plans. This should include the manner in which volunteers with the requisite skill sets and experience were identified and used to support public information surge operations.
2. **Public Information Command Post**. Establish a Public Information Command Post remote from the crime scene in a major incident. Reporters want access to a "talking head" and the ability to video something for the electronic media. Establishing a press

command post that provides regular briefings and the ability to photograph police activities from a distance usually satisfies that need. PIOs had set up inside the police primary command post vehicle in front of the theater, to use as the public information command post, but this interfered with command and control operations. They should have been relocated, and left the vehicle for its primary purpose of police incident command.

3. **Joint Information Center.** A Joint Information Center should be established when there is a major incident or other disaster, to provide consistent, accurate, and unified messages from all disciplines, agencies, and responders.
4. **Local Media Priority.** Local media should be allowed to do interviews first, before the national media is accommodated. The information is more important to get out locally, and the local media has more of a vested interest and will be covering the story for a long time after the national media leaves the area.
5. **Coordination of Plans.** Decisions or planned information actions should be well coordinated in advance with other affected city departments, as they were for almost all information actions.

CHAPTER VIII. INCIDENT COMMAND SYSTEM AND EMERGENCY OPERATIONS CENTERS

This chapter discusses the Incident Command System (ICS) and then the Emergency Operations Centers. The latter's function is closely related to incident command.

Incident Command System

Much has been said in previous chapters about incident command at the Aurora theater shooting incident. Some believe that the many challenges could have been met better by a greater use of a formal ICS, and especially establishment of Unified Command between fire and police or a single incident commander with fire liaison, after the initial police response to the active shooter. Others believe that not using an ICS led to better outcomes. In this chapter, we will examine the incident from a command and general staff viewpoint. Incident command at the Paris Street part of the incident was exemplary and is not further discussed.

Before proceeding with a discussion of ICS, it is necessary to place the incident in perspective. Fortunately, this sort of devastating tragedy is not an everyday event. For most emergency providers, it will be a once in a lifetime scenario. A fair evaluation must consider the incident size and complexity, including:

- Uncertainty about second shooters and explosives;
- A multi-casualty situation that included many severely injured victims;
- A crowd control situation with over 1,200 people and a traffic jam in parking lots;
- A social setting that could increase the threat of behavioral incidents (large crowd, violent movies, late night show, summer heat);
- Hazardous materials (CS gas) that potentially affected the health of the worried well and emergency providers; and
- Access and egress issues due to maintenance of nearby roadways.

Two key questions regarding incident management are:

1. Would any improvements in incident management and use of an ICS earlier have changed any outcomes? We think the surprising answer is no, none of the outcomes would have changed.
2. Would better use of ICS have improved the likelihood of successful outcomes if you reran this scenario several times? The answer is probably yes, better use of incident management and especially unified command could have provided a stronger foundation for conducting the incident and avoiding near misses.

Incident Command at the Theater – There were two incident commanders at the outset of the theater shooting response. Lincoln 25, a police lieutenant, established initial police command while the AFD Paramedic Engine 8 fire lieutenant took command of fire operations.

Lincoln 25 remained in command of police operations throughout the active shooter and mass casualty incident phases. Police incident command later was split into an interior and exterior command. At 12:55 a.m., approximately eight minutes after Paramedic Engine 8 assumed fire command, Battalion (Chief) 1 announced over the radio that he was taking command. He remained as the fire commander throughout the active shooter and mass casualty incident stages of the incident. There was no Unified Command or Single Command during the incident. There was a 28 minute lapse between the time that Battalion 1 arrived and initial contact was made with Lincoln 25. They were exceptionally busy and had to make fast decisions to apprehend the suspect, protect citizens and fellow rescuers, and assure that victims were treated.

At 1:28 a.m. (49 minutes into the incident), the fire department Shift Commander (Chief 7) arrived at the scene and subsequently established face-to-face contact with Lincoln 25. After consulting with the fire incident commander, Chief 7 was requested by Lincoln 25 to accompany him and serve as liaison with the police. Chief 7 agreed, and made the decision not to assume fire command. The decision to leave a lower ranking officer in command when a higher ranking officer is present often is difficult in a quasi-military system, where the assumption is often made that superior officers will take command. However, it is not uncommon for senior fire or police officers to leave lower ranks in command, even for the largest of incidents. (On 9/11, the Arlington County incident commander at the Pentagon terrorist aircraft crash was a deputy fire chief, not the county fire chief.)

At the Aurora theater, Chief 7 took appropriate actions by evaluating the situation, ensuring that the current incident commander was making progress, and then filling the role that would best serve the incident at that time.[41] After the active shooter and mass casualty incident portions of the incident were secured, Chief 7 did assume fire command until relieved at approximately 4:00 a.m. by Chief 3 (Deputy Chief of Operations). Note that different decisions may have been appropriate if a second battalion chief or higher chief had arrived during the first half hour of the incident, as was discussed in earlier chapters.

[41] According to ICS principles and practices, a ranking officer is only required to assume command if there is a legal obligation, an organizational SOP or/SOG requirement, or upon direction of a superior officer.

Incident Command Post – A single (Police and Fire) command post was not immediately established. If the ranking officers from police and fire immediately established a single Incident Command Post (ICP), then several challenges could have immediately been mitigated. These include:

- Immediate communications between senior police and fire officials
- Coordination of the requests for additional resources
- Clear establishment and communication of incident's safety zones
- Coordination of incident intelligence concerning additional active shooters, threats to emergency personnel, and rumor control

Many police, fire, and EMS responders emphatically stated that having all communications routed through dispatch, not clearly understanding which areas were safe for which rescuers, and many rumors about second shooters and other issues, all affected the efficient management of the incident. Even if the incident conditions delayed the establishment of a formal ICS, a single ICP would have increased scene efficiency.

While there was no Single or Unified Command, most of the duties and responsibilities of incident command functions were performed by police and fire command, though they did not use ICS nomenclature. However, some incident command positions were not filled and could have improved efficiency. Good decisions were made by many individual first responders and commanders despite not having a formal ICS, and there was some good luck, too. The glaring omissions of a lack of communication between police and fire commanders, and the lack of a victim transportation coordinator, could have jeopardized having as favorable an outcome as was obtained.

National Incident Management System

After the 9/11 tragedy, the United States government became concerned that there was no nationwide guideline for managing large or small emergency incidents. In February 2003, President Bush enacted Presidential Directive HSPD-5 that (a) identified steps for improving coordination of federal, state, local, and private-sector responses to emergency incidents; (b) described how agencies should prepare for response; and (c) described use of the ICS.

There are five components to the National Incident Management System (NIMS), including preparedness, communications and information management, resource management, command and management, and ongoing management and maintenance. An ICS is part of NIMS.

The ICS is used to efficiently manage emergency and non-emergency situations involving public safety and other public and private functions. Some type of ICS has been used throughout history, without the current nomenclature.

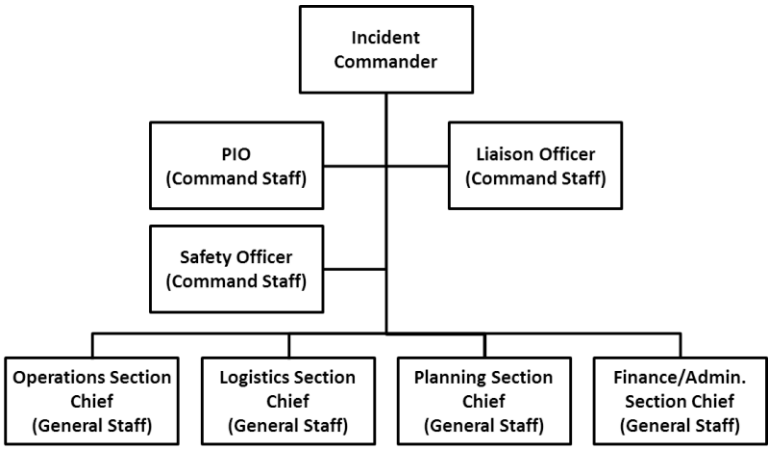
During the 1970s, the modern version of ICS was developed in California as an organized approach to managing large-scale wild fire incidents. During the 1980s, the system was adopted for other public safety venues, including urban and suburban firefighting, emergency medical services, law enforcement, and some other municipal and non-governmental organizations.

The modern ICS system includes 14 essential features[42]:

1. Common terminology
2. Modular organization
3. Chain of Command/Unity of Command
4. Management by objectives
5. Reliance on an Incident Action Plan
6. Manageable span of control
7. Incident locations and facilities
8. Establishment and transfer of command
9. Unified Command
10. Comprehensive resource management
11. Information and intelligence management
12. Integrated communications
13. Accountability
14. Dispatch/deployment

Positions that are traditionally part of the command and general staff are shown in Figure 32.

Figure 32. Standard ICS Command and General Staff



[42] National Fire Academy. (2012). *Emergency Medical Services Incident Operations*. Emmitsburg, MD: United States Fire Administration.

The inability to immediately initiate a single, unified incident command led to several significant incident problems:

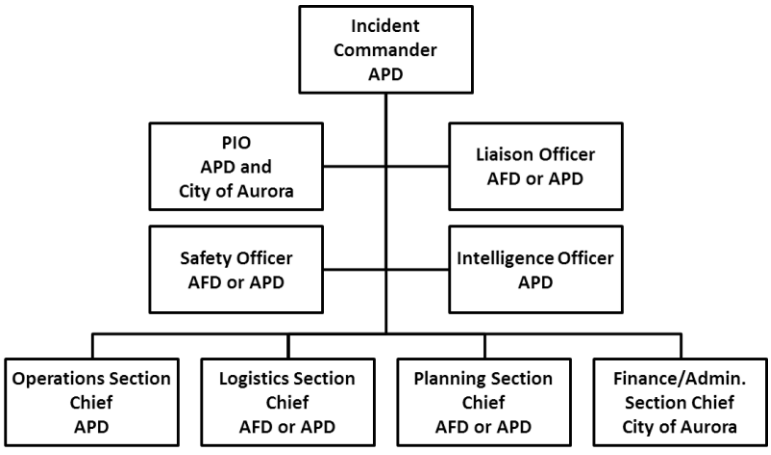
- Lack of control over the number and types of units dispatched;
- Police and fire personnel both requesting dispatch to send additional units, causing redundant assignments;
- Lack of an incident-wide safety plan, especially levels of entry, staging, and protective equipment needs;
- Delay in the implementation of an Incident Action Plan (IAP); and
- Delay in establishing a fixed Incident Command Post (ICP). (Completion of this task alone would have led to better control of resources, communications, and safety.)

Single or Unified Command

Some feel that a single command approach was appropriate, while others believe that a unified command approach should have been used.

The traditional single command approach places the authority in a single commander who is responsible for the overall management of the incident—police, fire, and EMS. During incidents involving multiple agencies, there often is a need for an integrated, multi-disciplinary organization that forms a Unified Command team. During the theater incident, unified command team members would have been the APD, the AFD, and an emergency management official. Either a single or unified command would have been acceptable. Figure 33 shows what a single command might have comprised.

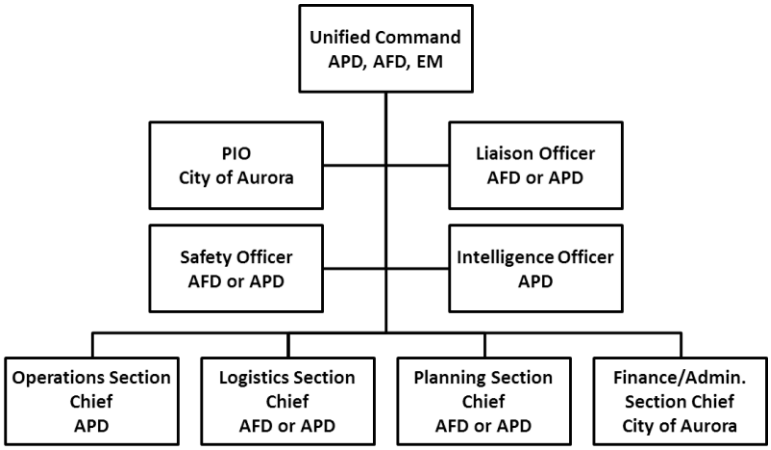
Figure 33. Single Incident Command



A senior police official could have served as the overall incident commander, with other police officials and some fire officials serving in command and general staff positions.

A unified command model might have been structured as shown in Figure 34.

Figure 34. Unified Command



When deciding to implement a Unified Command model, some important rules and options should be considered.

- Unified Command is responsible for the incident. At its discretion, one team member could be selected as the team spokesperson. In this incident, it would likely have been the senior police official.
- Representatives from other essential units could be assigned to the Liaison Officer. Others would be assigned throughout the incident command structure.
- All Unified Command team members must have the authority to take any action or mobilize any resources without having to seek approval of another agency or official.
- It is essential that Unified Command representatives quickly reach consensus and appoint an Operations Section Chief. In this case, it would likely have been a senior APD official.
- Unified Command team members would reach consensus to appoint the remainder of the command and general staff.
- Unified Command team members are not necessarily the highest ranking members of each organization, but the most appropriate.
- The initiation of Unified Command does not remove any authority from a representative organization or official.

Incident Safety Officer – During this incident there was no officially designated Incident Safety Officer (ISO) for any organization. This position should have been filled early because the incident commander needed assistance with the complex safety challenges affecting responders, victims, and others. An incident safety officer would have assisted in determining appropriate safety zones (hot, warm, and cold), determining the level of protective gear needed for responders to enter different zones, assuring that infection control procedures were followed,

identifying safety hazards, communicating safety messages, and assuring that an incident accountability system was in place.[43]

The incident safety officer could have been a qualified fire, police, or EMS officer. Several assistant safety officers should have been appointed to support each primary function, such as police, fire, EMS, and hazardous materials.

Liaison Officer – AFD Chief 7 ultimately became the liaison officer between the police and fire command. After this assignment was made, communications between organizations improved. Unfortunately, this occurred late in the incident.

The liaison officer position is often underused in incident command, but can be very beneficial. Duties can include liaison with agency representatives not assigned to unified command, liaison with local political leaders who respond to the incident, and liaison with non-governmental agency representatives who are on scene. The liaison officer confers with general staff section chiefs to determine whether agency representatives should be assigned to other parts of the ICS. This function becomes a greater priority when Unified Command is established. A qualified officer from any city agency could have served as the liaison officer.

Public Information Officer – The Public Information Officer (PIO) could be appointed from any city agency and is responsible for all communications between the Incident Commander or Unified Command and the media. In many instances, the PIO is pre-designated and could be an official from police, fire, emergency management, or from City Hall itself. Along with media communications, the PIO is responsible for controlling access and egress of media representatives to the incident.

Our review determined that public information was handled very well, as discussed in the previous chapter. Initially, public information was handled by the APD, and enhanced by the city communications staff. The scene was well controlled, with media personnel being kept at a safe distance.

Intelligence Officer – In incidents such as the theater shooting, the incident commander may choose to appoint an intelligence officer who then is responsible for keeping command abreast of intelligence that could affect strategy and tactics of mitigation, response, and recovery. The intelligence officer also assists with rumor control, especially during active shooter situations where secondary devices or domestic/international terrorism can be an issue. During extended incidents, Intelligence could be a unit assigned to Planning, or established as a General Staff section.

[43] National Fire Academy. (2010, July). *Field operations guide: ICS 420-1*. Emmitsburg, MD: United States Fire Administration.

Due to the fast pace of this incident, the formal appointment of an intelligence officer was impractical. During such situations, the Emergency Operations Center (EOC) often takes on many of the intelligence duties, and transmits information to the Incident Commander.[44]

The ICS Command Staff is a valuable and sometimes overlooked aspect of incident command. Mobilizing enough resources during a fast moving incident is often problematic. The IC is not required to fill each of these positions, but if not done, he becomes responsible for the functions.

During the Aurora Theater shooting, an Incident Safety Officer and Assistant Safety Officers would likely have been of great assistance. The PIO position was filled, and the Liaison Officer position was eventually filled. The intelligence officer duties were handled by police command.

General Staff

The ICS general staff consists of four sections that are an essential part of the ICS: operations, planning, logistics, and finance and administration. Not all incidents, even larger-scaled incidents, require the immediate appointment of these section chiefs.

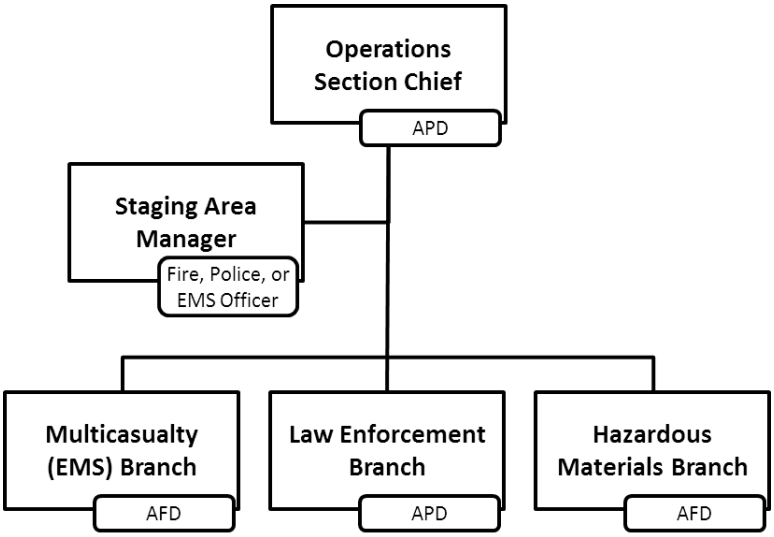
Operations Section – This type of incident warrants appointment of an Operations Section Chief. This person oversees everything to do with Operations, but is not responsible for making every technical fire/EMS and police decision. Decisions concerning LE or Fire/EMS would be made by those assigned to the EMS (Multicasualty) or Law Enforcement Branches. An Ops Section Chief would help prevent every little decision from going up to Command.

A competent fire, police, or EMS professional could have served in this position. Most would agree that in this instance, a senior law enforcement professional would be best suited for the position. In examining the incident, the officers that assumed police command and fire command were probably functioning more as Operations Section Chiefs than performing true incident command duties. Lincoln 25 did assign duties to another police lieutenant who then performed many of the Operations Section Chief roles. Later into the incident, police and fire command personnel began to delineate specific command and operations functions.

Figure 35 shows the typical Operations Section and the Branches that might have been assigned to the section. We note that some knowledgeable senior commanders in Aurora thought that the formal ICS would not have been as useful as having the police and fire incident commanders standing side by side, communicating with each other and running their people. That is essentially Unified Command, and would probably have worked.

[44] EOC activities were discussed in a previous chapter.

Figure 35. Operations Section—How it might have worked.



Staging Area(s): One or more staging areas can be created, as necessary. Staging should be set up early to avoid traffic congestion and confusion. All fire and EMS units should report to staging until assigned by the Operations Section Chief or Branch Director. The staging function is overseen by a Staging Area Manager who may appoint Assistant Staging Area Managers.

The initial response location for police was in the front of the theater. Establishing a staging area remote from the theater would have been impractical since the extent of the incident was unknown and time was of the essence. After Lincoln 41 took charge of activities outside the theater building, he cleared the parking lots and made assignments to mutual aid forces.

Having a remote police staging location from the start would have been helped avoid the traffic jam, and getting to victims faster. But it would have slowed the rush to the active shooter, and in this case probably would have resulted in missing the immediate arrest of the shooter, which as explained in a previous chapter would likely have caused casualties from booby trapped explosives at Paris Street.

It is a difficult call as to when police should stage, and such decisions must rely on the judgment of the personnel involved. Incident commanders and individual officers need to balance the need to get to the scene quickly with the potential adverse effects on the events that follow. In this incident, and in most cases where sufficient local forces are available, at least the mutual aid units should be directed to a remote staging location and assigned from there.

After the scene is stable, the Operations Section Chief or Law Enforcement Branch Chief should consider moving unassigned police units to a staging area. (Remember that there can be multiple staging areas. The operations section chief can have a close by staging area for police and a further away area for fire and EMS. This used to be called Level I and Level II staging, but these terms have fallen into disfavor.)

During the active shooter and mass casualty incident phase of the incident, fire command assigned the lieutenant from Engine 7 as Staging Manager. There were several EMS officers from other agencies that could have served in that position, or that could have been designated as Assistant Staging Managers.

It is not necessary for a high-ranking official to function as the Staging Manager. Several mutual aid EMS officials were assigned to the staging area instead of being used to fill ICS positions within the EMS Branch. There was also confusion between police, fire, and EMS as to the definition of staging.

Planning Section – A formal planning section was not put in place during the initial active shooter and mass casualty incident phases of the incident. There is evidence that a chief fire officer, Chief 6, assumed control as a situation status unit leader, which is a major planning function.

There are several advantages to the early appointment of a Planning Section Chief:

- Better collection and processing of situation information.
- Establishing the collection of special information that could affect incident operations.
- Assignment of technical and procedural experts, who are not part of unified command, to assist with specific functions. For example, mutual aid fire, police, and EMS command officers who could fulfill ICS roles.
- Provide the Incident Commander/Unified Command with real-time situation status reports.
- Assure that real-time documentation could be initiated.

Logistics Section – There was no formal Logistic Section Chief assigned, and there did not need to be one. This section is responsible for assuring that the incident is properly supplied with goods and services needed to manage the incident. During the active shooter and mass casualty incident portion of the incident, there did not appear to be any logistical challenges that could not be immediately handled.

Finance and Administration Section – This function can be handled at the scene, the EOC, or even at City Hall. It is important for budget control and later financial reimbursement that documentation begins early and continues. The rapid pace of the incident precluded the need to immediately fill this position. It is unlikely that there would have been federal reimbursement for the incident.

The general staff functions were covered as well as could be expected during the active shooter and mass casualty incident phases of the incident. A formal Planning Section Chief may have had some advantages, but was not essential to command success.

When using *time* as a reason for implementing or not implementing the ICS or its components, ICs must consider the risk versus benefits of investing time and focus early against potential outcomes. The fast pace and dangers presented with this incident did preclude the full establishment of some, but not all parts of the ICS.

Key Findings – ICS

Better use of ICS, even just a few key parts, would have led to better incident management. Some events unrelated to direct incident management delayed ICS system implementation:

- A delay in alerting agency command staffs of the incident;
- The inability to use handheld radio technology to its fullest capacity; and
- Failure to activate the City Emergency Operations Center (EOC) in a timely manner.

This placed the IC in a position of making Continuity of Operations (COOP) decisions that involved the remainder of the city. NIMS and its components (i.e., Resources, Communications, etc.) are there to allow an Incident Commander to concentrate on the incident and let the EOC focus on COOP challenges.

The challenges faced by the City of Aurora public safety professionals are rarely seen during peacetime, non-military situations and would have been difficult for even the most fully staffed, equipment-rich organizations to handle. The professionalism shown by the command staff and members of each Aurora public safety agency led to the success.

Recommendations – ICS

1. **Single Command Post.** Having the senior police and fire command personnel operating at a single incident command post would greatly enhance inter-agency communications. It would have also facilitated activation of basic EMS system components, coordinated requests for additional resources, and limited the filtering out of some police-fire messages going through the dispatch center. Regardless of which command approach is used, there can only be one Incident Commander. Using the Single Command approach, a Deputy Incident Commander may be appointed.
2. **Unified Command.** As noted earlier, a unified command approach would likely be the best option for these types of incidents.
3. **Safety.** It is essential to have an Incident Safety Officer and Assistant Safety Officers to assure responder, patient, and refuge safety.
4. **Multi-casualty (EMS) Branch.** Staff with EMS Officers from mutual aid agencies.

5. **Staging Area.** A staging area should be designated early in the incident, along with a Staging Area Manager. This is critical for control and assignment of later responding units.
6. **ICS Equipment.** Equipping police ICS personnel with command boards, ICS forms, and similar materials (like fire has) will allow for quicker implementation of the ICS system.

Operations Centers

There were two operations centers mobilized after the theater shooting and during the Paris Street apartment site. The most active was the police department's operations center, known as the DOC, which is located in Police HQ on the second floor of the Police District 2 building. (Note that there often is confusion between the police operating center, a fixed facility, and a police command center, which often refers to the location in the field of the incident commander, often in the mobile command vehicle.) Sometimes both are called command centers.)

The city's Emergency Operation Center (EOC) is managed by the Aurora Office of Emergency Management (OEM), a division of the fire department, and is located in the basement of the Courthouse Building, which is attached to police HQ.

Police Department Operations Center – Police activated their center at 6:30 a.m. on July 20, staffed by three police lieutenants. Once all had arrived, a lieutenant went to get copies of the center's policies and procedures. He then went to the family reunification center at Gateway High School where he worked closely with the victim advocates. Staff at the Police Operations Center kept him informed as to the status of identifying the deceased throughout the day, and he conferred with the advocates to make sure they had the most up-to-date information.

Shortly after 8:00 a.m. a senior manager from the Public Safety Communications Department arrived to be liaison in support of police operations. This manager was in the Police Operations Center until the Paris Street incident was resolved. This face-to-face coordination proved invaluable.

City Emergency Operations Center – A fire lieutenant is the Emergency Management Coordinator for the city. He learned about the shooting when Buckley Air Force Base called and asked if OEM needed assistance.

Staffing and funding support for the EOC has been very limited, particularly considering the size of the population protected in Aurora. At the time of the incident, EOC personnel consisted only of the Coordinator and an assistant. The EOC could only provide informal support to police and fire. Key EOC positions, aligned to the ICS structure and to the emergency support functions used under NIMS (National Incident Management System) were thin to non-existent.

The Coordinator did the best possible to develop OEM capabilities and engage EOC operations on a shoestring.

The Emergency Management Coordinator arrived at the theater shortly after 2:00 a.m. on July 20. He made arrangements to support road blocks, obtain physical barricades, and acquire port-a-potties. He communicated with an emergency manager from the State OEM, who then came to Aurora to lend assistance in case it was needed. The State OEM Field Manager, the OEM Assistant, and the lieutenant were the only three at the city's EOC during the incident.

At around 5:00-6:00 a.m., July 20, the lieutenant called Internal Affairs (which is also the Police Emergency Services Coordinator's Office) to reroute the press/victim telephone lines for the Department of Communications and for Police PIOs to the EOC, to accommodate the surge of calls from the media and the public, but it was decided to maintain the status quo.

The lieutenant assisted fire and police at the Paris Street site by obtaining dump trucks with sand to transport the rendered-safe explosives from the apartment to a designated disposal site. He also obtained fuel for the apparatus. The EOC was closed at 9:00 p.m. on Sunday, July 22, after the Vigil ended.

The OEM suffers from neglect in both priority and funding. The level of support and resources that normally would be provided through an OEM could have helped field operations from the time of the shooting until the suspect's apartment was cleared and the Vigil was over. A sizeable portion of the coordination tasks that emergency services agencies and other city departments undertook on their own could have been done through an established, multi-agency system that a viable OEM provides.

Since the shooting, some improvements have been made. There now are a few EOC training programs, and executive staffs of the AFD and the APD meet quarterly with an Emergency Preparedness Committee to develop a comprehensive emergency operations plan and an emergency support function structure. That group is considering the best use of the EOC during emergencies. In October 2012, they participated in 4-hour regional exercises with scenarios that involved use of the EOC; police, fire and dispatch use of Everbridge with plume modeling and GIS; and security and search and rescue response. Resource typing and planning have been agenda topics as well.

Key Findings – EOC

Terminology. There was some confusion over terminology and the context of the police operations center versus police emergency operations center and the city's emergency operations center as managed under the fire department.

Emergency Operations Center Staffing. The Aurora Office of Emergency Management and its EOC are inadequately staffed and funded to carry out their mission. Some public safety personnel were not even aware there was an Office of Emergency Management or an EOC.

Recommendations – EOC

1. **EOC Organizational Reporting.** The City of Aurora should consider changing its organizational structure for emergency management. Emergency management by its very nature involves support to and cooperation from all city departments in order to be effective. It is usually more difficult for this to be accomplished if the emergency management function is placed in one of the public safety departments—fire or police—because it then is perceived as "belonging" to one or the other department and often as a lower priority division at that.

   Emergency Management should be in a direct line relationship with the City Manager's Office where a higher level of authority and oversight would underscore the importance of this function and provide greater visibility for planning and EOC operations, and more easily facilitate coordination with other key city departments and agencies.

2. **Notification and Opening EOC.** The OEM Coordinator should be notified as soon as a critical incident occurs, and the EOC should be opened earlier than it was.

3. **Equipment in the Police DOC and City EOC.** There were not enough phones and computers for all the representatives in the operations centers, and the communications were not recorded since many people were using their personal devices.

CHAPTER IX. DEALING WITH THE AFTERMATH

Mass shootings leave significant psychological as well as physical wounds. These tragedies are a complicated and ongoing issue for the communities where they occur. In Aurora, the murders traumatized families and friends of the deceased, injured victims, other people in the theater, first responders, city employees, media personnel, and people in the community at large. This chapter describes how Aurora served the needs of these individuals.

Overall, the city did an exemplary job in helping victims and promoting community healing. We have provided a detailed discussion because several of Aurora's services to victims provide textbook examples that deserve national attention.

Victim Services Unit

The APD is home to the city's Victim Services Unit consisting of seven full time employees who provide services to crime victims and their families. Most victim assistance programs are developed in accordance with state standards and standards established by the Office of Justice Programs, U.S. Department of Justice. Services include crisis intervention, counseling, advocacy, case management, accompaniment to court, financial support, and referral to other resources.

Homicide survivors or co-victims (e.g., family members, partners, children, extended family members, or friends) often need specialized resources as they face potential long-term psychological impacts and social challenges. They may also have other impacts including loss of income and medical expenses.

Services Provided After the Shooting – Aurora's victim advocates provided a range of services over the course of the first days after the shooting, and then into the weeks and months which followed. Advocates conducted ongoing needs assessments for each victim. Early in the situation, they helped with transportation and hotel reservations. They provided emotional support and assisted victims and families of victims in making calls. They accompanied victims and families during the Prayer Vigil that was held on Sunday, July 22 (more details later in this chapter). Later, the advocates explained the court process to victims' families (as did representatives from the District Attorney's office) and accompanied victims and families who elected to be present during court proceedings of the accused.

A detective was assigned to help handle returns of personal items and, in conjunction with the District Attorney's Office, determine what could and could not be released.

The advocates checked in with the families of the deceased and those who were injured at key times during the following year, such as after the shooting at Sandy Hook Elementary School and on the one year anniversary of the theater shooting. Advocates contacted the families and victims to let them know what Aurora was planning for the anniversary service, and asked them what they wanted to have included.

Victim Advocates From Other Agencies – Within a few days of the incident, two other organizations became directly involved in a range of services for the families of the deceased and for the injured victims: the Colorado Organization for Victim Assistance (COVA) and the Arapahoe County District Attorney's Office victim witness coordinator. The situation became complicated with the multiplicity of advocates and case managers, and the different views on who was in charge and what their role should be. There was the APD Victim Assistance Office staff; the volunteer advocates that APD had mobilized and used; COVA; and finally, the D.A.'s coordinator. A meeting that was to have initiated a long-term resource plan was overtaken by responding to immediate needs, so the respective roles of these groups and how they should coordinate services was never clarified. The question of who was charge of what aspects of victim and family assistance was not well defined and this created problems. Some of the victims' families were confused when the District Attorney's Office or COVA stepped in with a different advocate. One victim complained that she wound up with three different advocates, though the services of all the advocates were appreciated.

The D.A.'s Office—understandably focused on their case—nevertheless overplayed their role with victims by assuming a degree of exclusivity as advocates. In terms of communicating with victim families and witnesses about the trial process and testifying, it was logical for that office to be the lead. However, advising victims to cease working with their APD advocates and instead deal with the D.A.'s coordinator for all follow up matters was insensitive both to the victims and to the advocates who had been in the trenches with the victims from the beginning. Taking that position also was unnecessary. The police-based advocates had more experience serving the needs of victims and providing counseling and support and they were the ones who were the legitimate leaders for most of the established services. The District Attorney's Office maintained they needed to control victim communication to protect their case and that it was standard practice in homicide cases. However, if this were true, it is perplexing why this was the first time such a policy had been mandated for homicide victims' families in Aurora in recent memory, according to APD staff. Moreover, as noted, this attitude ran counter to good family assistance practice built on continuity of care, and it was highly offensive to the many APD

victim advocates and their network of volunteers who had created an immediate and trusted relationship with victims' families.[45]

COVA indicated that they only respond when asked to do so. They are well-versed in the interests of victims. They were contacted early by the FBI to provide copies of their one-page flyer on dealing with trauma, and later, by both the Aurora Police Department Victim Services Supervisor and the Denver Police Department victim coordinator, who was working on behalf of Aurora Police. COVA's advantage was that they had a credit card account for victims of crime and could handle immediate travel costs for incoming victim family members (7 of the 12 victims' families lived outside the state of Colorado). COVA went on to be heavily involved in the deliberations over donations and special grants. Bringing the profile of a statewide agency to the situation, they too were involved in conflicts over lead agency, rather than as supplementary personnel.

Mobilization of Victim Services

To go back to the beginning: Police Chief Oates notified the Aurora's Victim Services Supervisor about the shooting at the theater shortly after his arrival at the scene. She immediately contacted her on-call staff and asked them to proceed with contacting the credentialed law enforcement advocates and volunteers registered for victim services.

There were only two full-time APD victim services staff and the supervisor available when the incident occurred. The other two advocates were on leave. The number of wounded and deceased required a surge operation to bring in dozens of trained victim advocates from throughout the region to augment Aurora's victim services staff.

Assignments – The Victim Services Supervisor's first priority was to cover the hospitals where victims had been taken, in addition to the parking lot at Dillard's next to the theater. At the same time, Dispatch asked that victim advocates be sent to the Communications Center because they were "overwhelmed" with callers trying to get information about their loved ones. Callers were being told to call the hospitals.

[45] The DA's office told the authors that they disagreed with this discussion and requested that we add the following note, which we are doing in fairness and in light of their inability at this time to further explain their disagreement:

"Personnel from the Office of the District Attorney indicated that they could not be interviewed by Tri-Data about any aspect related to the response to the theater shooting, because of the court's orders restricting pretrial publicity. Upon review of this section of the report, the District Attorney expressed strong disagreement with the factual assertions in this section, and with the conclusions reached in this section. The District Attorney expressed that this section is based on an apparent lack of knowledge of criminal prosecution practice, criminal procedure, and criminal discovery obligations. The District Attorney also noted that DA personnel would be willing to speak to the authors of this report once the criminal prosecution has been resolved."

The supervisor communicated with police as she obtained the names of victims at each hospital. Victim advocates obtained that information as they networked at the hospitals, locating family members and monitoring patient status, tracking who was released, who was in surgery, and who was as yet unaccounted for. This information was communicated back to the supervisor, who by now was operating from the family reunification center at Gateway High School.

One victim advocate reported that hospitals were "like a war zone" as police cars and ambulances brought victim after victim for treatment. The advocates had to shift back and forth between hospitals, trying to ensure that all who needed help were receiving services and being attended to. Each Aurora advocate was handling multiple cases. A problem developed at University Hospital during follow up contacts where victim advocates were not permitted access to the victims. It took almost 36 hours and a personal call from the Aurora Police Chief before the hospital allowed advocates to meet with victims there. However, the advocates were present and welcomed in the Emergency Department by Hospital staff.

Surge – Trained volunteers and victim services staff from other jurisdictions began responding to the calls for help. By 3:00 a.m., the Victim Services Office had acquired 46 full-time and volunteer trained victim advocates from nine metro area agencies. Another 16 volunteers connected to APD's Victim Services Office responded, plus some personnel from the FBI. With that influx of assistance, the outside advocates could be assigned to help at the hospitals and with the phone banks, clearing the way for Aurora's staff to report to Gateway High School. Law enforcement PIOs from the following jurisdictions volunteered:

- Adams County
- Denver
- Arapahoe County
- Sheridan
- Castle Rock
- Jefferson County
- Parker
- Broomfield
- FBI

Family Reunification Center

The Victim Services Supervisor learned that Gateway High School was designated as the site where witnesses, theater employees, and others would be taken for interviews. The school was also a convenient and logical location to serve as a family reunification center because classes were not in session and the building was only a short distance from the theater. Schools have parking, rest rooms, large assembly areas like gymnasiums, auditoriums, and cafeterias, as well as smaller rooms for private sessions and an office area. Victim advocates established their

command post in the gymnasium at Gateway High School. Six offices in the main administration area also were used for small group meetings. That area provided the advocates a quiet place to go during the course of the day. This was an important step as it is essential that on-scene workers have a designated area apart from their work area where they can gain respite from the intensive emotional work they do.

The school district and APD had worked together for years practicing response to various types of disasters, including shootings. Officials knew each other, which streamlined the process for accessing the school to conduct interviews and coordinate information and services to witnesses, victims, family members and friends.

At the theater parking lot, police had established areas where they asked witnesses, theater staff, and others who had fled the theater to wait for instructions on being interviewed. About 2:00 a.m., buses began transporting those assembled in the parking lot areas to Gateway High School. Passengers stayed in the buses until brought in for interviews. About 3:00 a.m., an Aurora Victim Advocate boarded a bus to interview people and find out who they were missing, what their friends were wearing, and other pieces of information that could help with reunification efforts. She helped witnesses make calls, and later coordinated rides home for the theater patrons, many of whom still had their cars at the theater's parking lot. (This was an excellent initiative.)

The APD's school resource officer for Gateway High School was instrumental in organizing the family reunification site. He arrived at the school at about 2:00 a.m., and asked for two law enforcement public information officers (PIOs) to assist. Officers from Englewood Police Department and Colorado State Patrol provided security. Family and friends continued to arrive at Gateway High School. At APD's request, the media broadcast information that families and friends needing help locating people should come to the school. The broadcasts and a press release also urged anyone who had left the theater area to come to the school to be interviewed. Advocates continued collecting information on the whereabouts of those who were in Theater 9 and created a database for victim information.

The Superintendent of Schools came to Gateway High School at about 3:30 a.m. The school custodian also arrived and helped move witnesses and others out the back door so they could avoid the media. Over the course of the early morning hours, a group of past and present students from the high school gathered there to wait for news and to console each other. Rumors had circulated that one of the victims was a Gateway student. As the number of students increased, their presence so close to the school became somewhat problematic. Teachers and school administrators arrived to help, and with a police officer and the school principal asked the students to move next door to a park so they could remain close by, but not congregate at or inside the school.

Around 6:00 a.m., the Red Cross arrived with large supplies of food and water.

Detectives at Gateway established separate groups for witnesses from Theater 9, patrons from Theater 8, theater employees, and one for all others who were at the theater when the shooting occurred. Those to be interviewed were triaged at the front door, given a number, and had their picture taken. Detectives interviewed over 200 witnesses. Most of the interviews were finished by 8:00 a.m.

At about 9:15 a.m., an Aurora police lieutenant arrived to relieve the police captain who was running the center. One of the first tasks he did was double-check the security. Up to that point officers had guarded the doors. He locked all entrances that were still open.

Clergy Availability – Clergy went to Gateway High School in case they were needed. At first they circulated throughout the school, and some approached families directly, entreating them to pray together. That trespassed on some people's desire for privacy or preference not to pray. Clergy then were asked to move to the Upper Commons, an area away from the families, and advised that people would be directed there if they wanted religious support. (Since the shooting, the Victim's Services Unit has been training volunteer clergy with the goal to certify them as faith- based responders to critical incidents.)

Death Notifications – Slowly, people who had assembled at Gateway High School for interviews or to be reunited with friends and family began to leave as relatives were accounted for.

By early afternoon of the day of the incident, approximately 100 people still remained at the school. The group included 10 families and friends who were waiting for news. They were briefed periodically about the status of the investigation and the process for identifying the deceased. Each time a meeting was convened at Gateway, they prepared themselves for the official announcement. They became emotionally drained as the day wore on and each announcement fell short of the only information they truly wanted. All they were told was that crime scene investigators and staff from the Coroner's Office had to proceed carefully to preserve evidence.

Another meeting was held at 4:00 p.m., but positive identifications still were not available. Positive identification generally relies on fingerprints, DNA samples, or dental records. Police Chief Oates explained to the families that positive identification takes time because it was important that nothing be done to compromise the case, and that confirmation was not expected until 8:00 or 9:00 p.m. Many families became angry and some decided to go home.

At 6:45 p.m. the Coroner authorized disclosure of the identities of the deceased. A 7:00 p.m. press conference was getting underway, which caused a delay in releasing the names. After the press conference, victim services advocates, along with a police officer, broke the news to the families who had remained at the school. Officers and advocates also went to the homes of the families who already had left the school.

Gateway High School closed as the reunification center at about 11:00 p.m. The police lieutenant conducted a complete walk-through to check the school before closing it.

Media Management – While the majority of media representatives were staged near the Century 16 Theater crime scene, the Gateway High School became a secondary site of media interest. Originally, the media were staged on the grassy area behind the school as they arrived, but throughout the early hours of that morning, media representatives gravitated closer to the school and approached some witnesses and families. When the police lieutenant relieved the captain at the school at about 9:15 a.m., he taped off the school parking lot and moved the media back to the original staging area.

The Superintendent of Schools reported to police that the media was interfering with victims and families at the school, and the lieutenant advised the media they would be removed from the property if they strayed back to the entrance or into the school. The lieutenant also locked the doors at the school. Part of the problem for the media at the school was that they were not directly getting the press information being given at the media staging area at the theater. However, all releases and information were posted on social media and the website. All media briefings were announced, and media had time to come to the briefings.

PIOs for Victim Families

The APD PIO started to work with the Victim Services Supervisor early in the incident. She met on Friday with victim advocate volunteers who were helping at the Communications Center, and explained that calls from people with information about the shooting should be transferred to the APD. There also was discussion regarding how to protect victims and victims' families from intrusive calls from the media, the curious, and those with harmful intentions once the identities of the deceased were made public. The PIO proposed the innovative idea of assigning a PIO to each family of the deceased to protect them from unwanted communications and help them manage information about their loved one. The Victim Services Supervisor approved this idea after checking with the District Attorney's Office.

The new family PIO plan required obtaining more PIOs. The Aurora PIO reached out to members of the Emergency Services Public Information Officers of Colorado (ESPIOC) and asked if any police department PIOs in the region would volunteer to help the victims. ESPIOC has over 100 members. PIOs volunteered from Broomfield Police, University of Colorado-Boulder Police, Arvada Police, Jefferson County Sheriff's Office, Town of Castle Rock, Adams County District Attorney's Office, the Colorado Office of Emergency Management, and Gilpin County Sheriff's Office. They were told that they would serve as a buffer between the media and families, but would not be spokespersons for the families. Since none of the volunteers were directly involved in the case, there would be a clear separation between this service to victims' families and the public information managed by Aurora. All 12 families of the deceased were offered the services of a PIO and eight accepted.

The Aurora PIO met on Sunday, July 22, with the PIO volunteers and Aurora's victim advocates to go over how the program would work and expectations. Also present at the meeting was the District Attorney, who addressed the group with potential concerns, the Aurora Police Victim Advocate supervisor to discuss the sensitive nature of working with victims and their families, and the Deputy Chief of Police to express appreciation for everyone's assistance. They created a Gmail account with passwords and a Google voice phone number for each of the eight families who chose to accept PIOs. With these tools, the PIOs could be transitioned easily if others needed to step in. Each PIO received a family assignment and information about the victim. Additionally, back-up PIOs were identified. The PIOs prepared a press release explaining that communications and requests for the eight families needed to be channeled through the family Gmail address or Google phone link. The addresses and numbers were given in the press release, but the identities of the PIOs were not, so the media would not try to contact the PIOs directly. The press release made clear that any media inquiry generated outside the proscribed protocols would be ignored. The PIOs checked with the families regularly to ask if the media was playing by the rules.

The PIOs returned at 5:00 p.m. to meet with their assigned families and work alongside the victim advocates who also were helping them. Teamed with the victim advocates, the PIOs:

- Asked families if they wanted to participate in any interviews with the media and then helped as needed.
- Educated the families about how the media works.
- Provided accurate information to dispel rumors. (Some families had been advised incorrectly that they would be paid for nationally televised interviews.)
- Helped families determine the right time to release photos of their loved one.
- Accompanied families to the Vigil, court appearances, and to some funerals.
- Posted the names of fundraising organizations that were sanctioned.

Some PIOs archived press news articles, essentially a clipping service, and some provided a DVD and a binder on information that had been broadcast and printed about the family's loved one, and other helpful information.

Sometimes media asked the PIOs to speak for the family, but the PIOs were careful not to do. Instead, the PIOs helped the spokesperson chosen by the family to frame their remarks, prepare statements, or say "no" to media requests. Trust was established. If a family wished, a daily statement would be provided on their Gmail account using "Auto Reply" and "Out of Office." If they wanted to release a photo, the image was attached to the message.

It was somewhat difficult to determine when to shut down the family PIO program. After the funerals, there was a mass exodus of national media, but local media continued to be interested in stories about the shooting. The PIO group met again in September for a debrief and

to share their experiences so that problem areas could be identified and successful ideas could be documented. The PIOs felt they had truly helped the families during those difficult days and weeks. The media also provided positive feedback about this program. In the future, ESPIOC plans to set up a volunteer PIO program and work with the advocates immediately, now that a model had been developed and tested.

Assessment of Victim Services by Victims and Families

The views of victims and victim families are important to reflect the true outcome of the support they received. The number of victims and family members available for interviews by our review team was limited by the District Attorney's Office. Ultimately, interviews were conducted with five injured victims, one family whose son died at the theater, and a woman whose boyfriend was killed. Though the numbers were small, their views were consistent with what we heard from the victim services providers, and with comments made to the media by other victims. The following are highlights from our victim and family interviews.

Victim 1 said that an advocate from the APD worked closely with his family while he was in the hospital. The advocate found out which officer helped him before an ambulance arrived, and brought the officer to visit him in the hospital. The victim called the advocate frequently to ask questions. The advocate brought the victim letters from the general public, the state of Colorado, and the White House during his 20 days in the hospital. The advocate went with him to one of the hearings at court. He gave a very high rating for the advocate's services.

Victim 2 was seated with a group of friends of whom six were shot. Though not physically wounded, she suffered deep emotional trauma. She waited in the parking lot with others from Theater 9 immediately after the shooting. She felt safe next to a police car and knew that the officers were trying to keep everyone safe. She was impressed with how the police organized the interview groups in the parking lot. She was bussed to the Family Reunification Center at Gateway High School where victim advocates assisted her. After her interview with a detective, she went with friends to various hospitals to locate their injured friends, who turned out to be at three different hospitals. Victim advocates were at the hospitals too, including the ICU, and offered assistance to them. She visited the Memorial site and found it to be very peaceful. She said it helped her because it reminded her there was a lot more love than hate. She also found the Vigil service to be very healing. The victim advocate stayed in contact with her for about a week.

Victim assistance also was provided by her employer. Her manager and human resources staff obtained the services of a trauma counselor since several victims and others in Theater 9 were employees of this company. Through Aurora Mental Health, they offered services for everyone at their company who felt they were affected. The victim said those services "really helped." She commented that APD's victim services "have been amazing."

A high point for her was meeting with the first responders. She appreciated that they were willing to visit her in a positive setting, not just in the traumatic environment at the theater. She also commented that everyone responded automatically to the physically injured, but were unaware of those who were emotionally injured like she was.

Victim 3 was shot and unconscious when police pulled him out of the theater and took him to the hospital. His victim advocate's support and the support from the Aurora community were "exceptional," he said. While he was in the hospital and after he returned home, the advocate stayed in contact with him and his family via email and phone calls. He emphasized that the advocate had great integrity and empathy. He also found the Memorial to be very helpful and wished they had kept it up for another month.

Victim 4 was with her husband in the theater when he was seriously wounded. Their APD victim advocate was "amazing," she said. Their hometown did a fund raiser for their own Victim Advocacy Program and donated half of the proceeds to the Aurora APD Victims Services Office because they saw how important APD's assistance was for victims. The victim advocate who worked with them helped with paperwork and financial records, was a resource for references to other services, and provided food and emotional support. They felt their advocate did her job exceptionally well and spent a significant amount of time with their family. They knew she was helping other victims too, but felt like they could have been the only ones, given the high level of service they received. The advocate went with them to the arraignment of the suspect and opened her home to them at the anniversary of the tragedy. The wife of the victim especially enjoyed the awards ceremony for the first responders and meeting the officers who had taken her husband to the hospital and saved his life. The District Attorney's representative answered all their questions about the legal case and was helpful.

Victim 5's family was interviewed. He had been fatally injured. When the shooting occurred his mother took a picture of her son to Gateway, where her son's fiancée, who had been with him in the theater, was waiting to be interviewed. A victim advocate from APD immediately came to the victim's mother, and stayed by her side the whole time.

At Gateway High School, the family endured a series of heart-wrenching meetings, with no confirmation about the deceased. It was hard for them to understand why their son could not be ruled in or out as one of the fatalities, because he had his wallet in his pocket. The family members went home accompanied by an APD officer or advocate, and later that evening received formal notification that their son had been fatally injured.

The family met with the President when he arrived at the hospital on July 22. That felt the President was compassionate and gracious, and that his visit helped them. They also were grateful for their assigned police PIO, who was helpful in dealing with the media, phone calls, and emails, and stayed in touch with the family over a long period of time. The mother expressed "love and respect" for the APD.

Office of the Coroner

This study included a review of the Arapahoe County Office of the Coroner's coordination with law enforcement, and the release of information on the victims' identities, but not their technical forensic work. The Coroner's Office had 12 staff who were cross-trained as investigators. They have a good working relationship with the APD, and were accustomed to working together.

The Coroner and several investigators are members of the area's Disaster Mortuary Team. The Coroner had experience handling multiple fatality situations, including two weeks serving in New York City after 9/11 and two more weeks helping after Hurricane Katrina. He is President of the New Coroner's Institution, which enhances training and consistency of coroner practices in North Central Colorado, a 10-county region.

About 1:30 a.m., July 20, the night shift doctor in the Coroner's Office notified one of the doctors on call that there was a shooting. The on-call doctor immediately contacted the Coroner and advised him that they could expect multiple fatalities at the hospitals and in the theater. She then went to their Arapahoe County office where she was debriefed by the night shift doctor.

The Coroner went to the theater at about 3:00 a.m., but did not get inside until 6:00 a.m. because of the continued threat of a second shooter and possibility of explosives. He finally entered with FBI and Crime Lab personnel, and spent an hour there. They took pictures and made an initial assessment. The Coroner knew the families were waiting for confirmation of the identities of the deceased, and made that his first priority.

Fingerprinting of Victims – Getting official identifications of the deceased was a top priority. Processing the scene and the remains of the deceased after a multiple fatality shooting usually is a long, painstaking process. The most expedient way to do it is through fingerprints. However, fingerprinting usually is one of the last steps completed at autopsies. Confirming identities through DNA takes even longer. Complicating the situation in Aurora was the fact that the suspect had told law enforcement officials that he had engineered multiple explosive booby traps at his apartment, so police had to proceed with extra caution in case any of the bodies also was booby-trapped.

Criminalists from APD and investigators from the Coroner's Office processed the scene, including the remains. They had tremendous pressure from the families who wanted an immediate resolution confirming or denying their worst fears, and from those responsible for the overall investigation and prosecution, who needed painstakingly documented crime scene evidence to establish a solid case.

Under Colorado law, the Coroner "owns" the area within the wingspread of a body. The Coroner's personnel must follow the law and scientific procedures before formally confirming the identity of victims. Meanwhile, it is excruciating for the families to have to wait, even if that

wait is reduced to the shortest time possible by those responsible for providing the critical information. Families at homicides often question and complain about why identification cannot be made from IDs in wallets or handbags. However, those forms of identification are not considered definitive because the ID may not be that of the deceased. Wallets, handbags, backpacks, and other items often are in disarray at a crime scene. It is the Coroner's professional obligation to verify the identity using fingerprints, DNA, or dental records so that emotional tragedies are not compounded by erroneous identifications.

Fortunately, several individuals devised an expedited procedure that met professional and ethical standards for identifying deceased victims. The Coroner and an Aurora criminologist (Sandra Wiese), who was at the Coroner's Office helping to identify the first two victims transferred from the hospital, and the police CSI Lab Lieutenant agreed that fingerprints could be taken at the theater after each body had been processed, but before they were taken away for autopsies. Rather than take full prints, they decided it would suffice to take the right thumb and right index finger. The index print is documented by Colorado's DMV for all individuals who are issued a driver's license. The thumb print was collected in case any of the victims had driver's licenses from states which use that in their systems.

CSI staff had arrived at the theater at 8:00 a.m. and worked with the Coroner, photographing and videotaping the overall scene. They finished at 11:20 a.m. Before the rest of the scene could be processed, the bomb squad wanted to ensure there were no secondary devices. It was not until 12:40 p.m. that the CSI and Coroner's investigators were allowed to begin the next phase of processing the scene. That step involved collecting, documenting, protecting, and photographing each piece of evidence, and photographing each victim. As this work was finished for each victim, they were moved into a hallway where a CSI criminologist had set up the fingerprint equipment.

It took approximately 25-30 minutes to complete each fingerprint record. After half were finished, the fingerprints were transferred to the APD lab and compared to the DMV data. The last five fingerprint cards were taken to the lab shortly after 5:00 p.m.

The final step was to approve the findings and authorize release of the results to the Coroner's Office for their official review and acceptance. The Coroner's Office contacted APD at Gateway High School shortly before a 7:00 p.m. press conference started. There was not enough time to notify all the families before the press conference so the identities of the deceased were not publicly released until the following day, July 21. A few families came to the morgue that day to view their relatives.

Prayer Vigil

When a major crisis occurs, communities generally seek a way to show their collective grief and support for those affected, particularly the families of the deceased. Discussions began

on Friday and continued into Saturday about where to hold a community service and what the program should include. It was decided to hold a Prayer Vigil on the Sunday after the incident.

The organization and execution of the Prayer Vigil was an excellent interdepartmental effort that involved staff from nearly every City of Aurora department and office. Dozens of staff from the City, led by a Deputy City Manager, participated in organizing the program, managing the logistics, and carrying out the Vigil. Anticipating a huge turnout, planners chose the outdoor plaza at the Municipal Center campus as the location.

There were many details that had to be worked out in a short time:

- Security for the event, including for victims, families, and VIPs.
- Input from the families of the deceased regarding what they wanted to include.
- Establishing a special place at the Vigil for victims and families to sit if they chose to be together
- A list of dignitaries and speakers
- A program that indicated the order of the speakers
- Musical performances
- Seating and a sound system
- A designated media area
- Traffic control
- A press release and information to be posted on Access Aurora announcing the time and place of the Vigil

The planning group identified 45 elected and appointed officials to invite. The Governor of Colorado, Colorado's U.S. Senators and several House Representatives, plus state senators and representatives, Aurora's Mayor and City Council, and officials from the region's other local governments, all accepted invitations. Another list containing names of about 500 people from a plethora of organizations was constructed to reach more community leaders and volunteers. Details about the Vigil were posted on the city's website and carried by local media.

The Vigil was an inter-faith gathering. Speakers were asked to focus on remembering the victims and healing the community, not making political speeches nor promoting particular religions.

Over 10,000 people attended the Vigil (depicted in Figure 36). Some of the victims' families met at the Municipal Building and then proceeded to the canopied area near the stage at the beginning of the service. They were assisted by their victim advocates and PIOs. After the Vigil, families were escorted from the stage and left with security before the public was released from the area.

Figure 36. Prayer Vigil

Site Logistics – Arranging logistics for such a large event on short notice presented a major challenge. Employees of Parks, Recreation, and Open Space (PROS) and from Public Works took care of traffic management, barricades and parking, setting up the stage and tents, bringing in and testing a sound system, seating, trash containers, port-a-johns, podiums, tables, and many more details. Extra crews were hired to help with traffic control, and PROS staff briefed them on the layout of the site and parking.

As people were gathering for the Vigil, a group arrived with plans to protest. It was believed to be a well-known group from an extremist congregation in the mid-west. One of the Water Department's irrigation technicians who was helping direct traffic asked the driver of the protest group to park well away from the Vigil. Then, as members of the protest group tried to get onto the grounds of the Vigil, a group of citizens held hands and did not let them through. It was a small, empowering victory for the citizens but could have led to a clash.

After the Vigil, PROS and Public Works staff took down the equipment and cleaned up the site because the following morning city employees would be returning to the area for work.

Ad Hoc Memorial Site – PROS employees also maintained the make-shift memorial site that sprung up near the theater. The site remained "open" for over six weeks and was cleaned frequently. The day the memorial was taken down, approximately 35 employees came at 5:00 a.m. to avoid media and respectfully box and archive the massive amount of mementos and gifts that had been left. Five one-ton trucks and a trailer were needed to transfer the items to a warehouse where they were put on palettes for each victim, wrapped, and stored. Once the site

was cleaned, employees installed a sign thanking people for their remembrances, but asking that no more be left. This entire memorial effort was handled exceptionally well.

Presidential Visit

President Obama came to Aurora to pay his respects on behalf of the nation. Usually at least five days notice is provided in advance of a Presidential visit. In this case it was 24 hours. Given the anticipated crowd for the Vigil and the open area in which the service would be held, it was decided that the President would meet with victims and victims' families at University Hospital, but avoid the Vigil. Figure 37 shows the President with one of several victims he visited.

Figure 37. President Obama visiting victim at University Hospital

Security for Visit and Vigil – Planning for the Vigil and the visit by the President added to the demands on city personnel, many who had been working 12-hour shifts.

The APD Special Operation Bureau received confirmation on Saturday, July 21, a little after 3:00 p.m. that the President would arrive mid-afternoon the next day. Busy with the theater and Paris Street site, Aurora police estimated they would be short about 20 officers to handle security and escort the Presidential group. Security also was needed for the Governor, Senators, and other dignitaries both at the hospital and during the Vigil.

An APD Motorcycle Enforcement Team officer coordinating security sent a request to nearby metro police departments for 10-20 units to guard the motorcade route. Officers from Denver, Colorado State Police, Boulder, Broomfield, and Glendale assisted in fixed post assignments and road closures.

Emergency Response Team – The APD Emergency Response Team (ERT) also supported the Vigil. The ERT Commander created three teams, each with 10 officers. Each team had five 2-person units, who were spread out. Two of the ERT teams were assigned to cover the crowd. The third team, which had been at the theater on Friday, was sent to be with the families.

Direct Action Response Teams – APD also has special teams known as Direct Action Response Teams. Two of these teams were assigned to escort dignitaries and provide security. Police had received an email indicating that the previously mentioned radical church group from Topeka, Kansas might be coming to the Vigil. With that possibility, police had to be ready to handle conflicts.

SWAT and Canine Teams – The SWAT and K-9 commanders met at 3:00 p.m. on Saturday, July 21, with the police chief and a deputy chief, concerning the units' roles for the presidential visit and Vigil. They reviewed the plan for the motorcade from Buckley to the hospital and back. Aurora's SWAT personnel were designated as the lead SWAT group for the hospital. In support were the Denver's SWAT team, including three sniper teams and a team commander.

The Aurora SWAT lieutenant was concerned about fatigue of his personnel. Many had worked both the theater and Paris Street scenes, and were exhausted. He pulled in other on-call officers to supplement his ranks. The previously-noted existing relationships with the Secret Service and the Denver Police facilitated their assistance. At the end of the Vigil, the SWAT team that was finishing duty at the hospital was sent to protect the theater crime scene, as approximately 200 attendees from the Vigil were moving over to the memorial at Sable Boulevard near the crime scene.

Saturday Coordination – Shortly after the Secret Service officers arrived Saturday afternoon, they, and all key law enforcement agencies involved in security for the President's visit, mapped out and drove the route from the Air Force Base into the University Hospital reception area where the families would be gathered, and then to the Intensive Care Unit where the President would meet with victims being treated there. They fine-tuned their plans.

Sunday Coordination – The Chief of Police requested that all parties do a second dry run Sunday morning, including hospital staff, Secret Service, SWAT team, and Emergency Response Team. A briefing was held at 1:30 p.m. Sunday at District 2 for all participating police departments and special teams to prepare for the 3:50 p.m. arrival of the President. All police departments switched to Blue Southeast as a shared channel. The President arrived and proceeded to the hospital without incident.

The families of the deceased who wished to meet with the President at the hospital had been invited to assemble beforehand at the Municipal Center. They arrived shortly before noon, were provided lunch, and then taken by bus to the hospital. By all accounts, the President's visit with families and injured victims was experienced as beneficial to the healing process. He left the hospital at 7:30 p.m. after staying four hours.

In total, 66 officers were used to cover President Obama's visit, including six from outside agencies, and 32 alumni of the citizens' police academy who volunteered to cover

driveways and other uncontrolled intersections along the route. State Police sent several senior officers to help secure the route and assist at the Vigil.

Assistance to City Personnel

An incident such as the Aurora Theater mass shooting causes psychological trauma to many first responders, and—at different levels—to other city employees and volunteers.

First Responders – Many police officers were exposed to the disturbing scene inside the theater and required to work long hours that day, and then to come back for 12-hour shifts as the city dealt with the Paris Street IED situation, preparations for the Vigil, and the President's visit. Several officers commented that this all was too much psychologically as well as physically, and that they should have been given more opportunity to rest after serving during the incident.

Among those especially hard hit psychologically were officers who had to guard the bodies in the theater as evidence was collected and the coroner worked. Victims' cell phones were going off. The scene was summarized as "too much, too ugly, too long." Also affected significantly were several officers who transported the wounded to hospitals in their cars, often while the victim lay in the back bleeding and unattended. Some of their cars had extensive blood stains, which added to the trauma.

The City of Aurora has had internal employee assistance programs available for its public safety personnel and to personnel of other departments. Each public safety department has its own process. The public safety departments' programs are staffed by employees of various ranks who provide confidential advice and assistance on personal issues that arise. A formal Employee Assistance Program is also available to all employees.

The APD's psychologist and members of his team met briefly with all police who responded to the incident soon afterwards. This was not a formal debriefing, but rather was held to provide information about what they might expect to feel. The psychologist has worked for the department for a long time, and was well known to most public safety employees, police and fire, since he not only provides assistance, but also is involved in fitness evaluations. As a familiar figure, he was very helpful in describing normal, common reactions to what they had experienced. He and his colleagues made themselves available and later reached out to all officers, offering them an opportunity to receive additional assistance. Many responded to the offer.

The psychologist met in groups with several police units who were at the theater or the Paris Street bomb scene, including the bomb squad, crime lab, dispatch, and coroner's office, each of which had special stresses. Several police officers who went to hospitals to visit victims they helped to protect or transport said that this helped themselves as well as the victims.

The Aurora Fire Department used its own critical incident stress counseling program for its firefighters who were on duty. The police psychologist also met with some fire personnel who

had been on the scene, because the fire department does not have its own psychologist In addition, a contingent of firefighters from the Fire Department of New York who had experienced the World Trade Center bombings flew to Aurora to offer their condolences and peer counseling services. Many AFD members noted how helpful it was to talk to other firefighters who had experienced a mass casualty event.

Other City Employees – The City's Human Resources Department contacted their Employee Assistance Program to advise that there might be an increase in calls for assistance following the incident. The department put out announcements and information on the city's intranet concerning available mental health and counseling resources. A group meeting was held in the café for all who were interested to learn more. The Police Department's psychologist led that meeting as well as another held at the dispatch center.

The City also held an all-day mental health "first aid" class that reviewed the warning signs of depression and post-traumatic stress. There was a spike in in-patient mental health admissions. The city spent at least $10,000 on EAP services related to the shooting.

The Director of Human Resources reported that a lesson learned was to hold one-on-one counseling services in a neutral facility, away from employees' normal work location where they would be less likely to be identified and would minimize incidental contacts, preferably on the first floor of a building. A second hindsight was that it would have been desirable to explicitly encourage city department and division heads to voice their support to their employees and acknowledge the sadness and anxiety that many were experiencing. Thirdly, it would have helped if the City would have called for a day of mourning or a special city employee gathering so that all employees, not just emergency services personnel, could have a chance to process the impact of the incident. This would have been especially appropriate because nearly every department in Aurora city government became involved one way or another with the response and recovery.

Support Services for the Community

Many people in the community were shocked and impacted by the deaths and injuries stemming from the theater shooting. The incident was headline news for a long time and the subject of radio talk shows and news specials. It was hard to get away from the constant reminder of what had happened.

Aurora Mental Health and the Red Cross staffed two disaster recovery centers, one at Aurora Hinkley High School and the other at Rangeview High School beginning July 21. There, residents could access grief counseling, victim compensation information, mental health assistance and other resources. Information on those topics also could be obtained through a specially designated community hotline number.

Aurora Mental Health provided counseling to community members affected by the shooting. The following year, a grant was used to make a former library building in Hoffman Heights into a multi-service health and wellness center. The Center opened in July 2013 just before the one year anniversary of the shooting.

Offers of monetary assistance and volunteer services to help the victims and community began pouring in as news of the theater shooting spread. Historically, direct financial assistance or victim compensation funds for victims in Aurora had been handled by the Arapahoe County District Attorney's Office, but this situation was on a larger than ordinary scale and handled differently.

Businesses and people called and emailed to offer hotel rooms, rental cars, burial plots, flights, and fundraisers. Aurora's Finance Director, Jason Batchelor, who was working with payroll staff in the APD and AFD to track overtime hours connected to the incident, was asked to establish a bank account for donations and to coordinate offers of assistance.

The City published a weekly report on donation totals and payments made from the fund and carefully tracked the money. The Finance Director contacted the IT Department to help set up a system to track what callers were offering. The Budget Office took charge of developing a database and entering donations.

APD victim advocates helped to connect the available assistance to immediate needs of victims and families. All offers of money, time, and services were acknowledged with thank you notes sent through the Communications Office.

Aurora discovered what other communities with tragedies have learned: that the business of managing financial donations and victim compensation accounts is complicated. Part of that task is defining who is eligible to receive money and which costs are eligible for reimbursement. Essentially, there were two funds for victims. The first was the account the city maintained, which accumulated several hundred thousand dollars. The second was a foundation the Governor designated, the Community First Foundation, which received approximately $5 Million. Two contributors earmarked their donations to specific organizations: Aurora Mental Health and COVA, but the remainder of the donations were for the victims themselves, and needed to be distributed in an equitable manner.

Community Committees – Soon after the tragedy, the city established three committees. First, an interdepartmental Community Healing Committee was convened to discuss how best to approach community healing.

Second, a Community Advisory Committee also was established for the purpose of obtaining input on community and victim needs and service priorities. That committee included representatives from Public Schools, the District Attorney's Office, Mental Health, Police, Victim Services, Colorado Departments of Justice and Public Safety, the Interfaith Council,

COVA, the Chamber of Commerce, medical facilities, the Governor's Office, Denver Foundation, Judi's House (for victims of crime), and more. The intent was to be as inclusive as possible.

The Community Advisory Committee created a financial subcommittee to be in charge of pursuing a variety of grant opportunities from the U.S. Department of Justice (DOJ). Grants from DOJ's Antiterrorism and Emergency Assistance Program (AEAP) and from the Bureau of Justice Assistance (BJA) were aggressively pursued for various purposes: to recoup expenses related to emergency response services to victims and to first responders; to reimburse police and fire department overtime expenses; and to finance newly created COVA staff positions a few believed were necessary to manage victim compensation dollars. The AEAP grant, as an example, was divided as shown in Table 9.

Table 9. AEAP Grant Distribution for Reimbursement of Services

Agency	Amount Authorized
18th District Attorney's Office	$1,576,360
18th Judicial District Administration	139,543
Arapahoe County Sheriff	139,543
Aurora Mental Health	53,132
COVA – 2 consultants retained	743,631
Denver Police Department	3,340
Jefferson County Sheriff	619
City of Aurora	207,351
Total	**$2,938,890**

Source: Power Point presentation by Police Chief Oates

A third committee, known as the Executive Committee, was established to oversee decisions about the distribution of donations and victim compensation funds. Victims and families were asked for input about what the criteria should be for dividing the money. The Executive Committee included senior representatives from 12 agencies. Its decisions were made by consensus. As time wore on, many victims became frustrated that funds were not being released.

Ultimately, the Governor brought in Kenneth Feinberg, known for having tackled the complex victim fund disbursements after 9/11 and the Virginia Tech massacre. Mr. Feinberg created a system that allotted set amounts (or percentages of funds) based on the degree to which the incident impacted a victim. "Victim" was defined as anyone who had been in Theater 9 and had been physically injured. The families of fatally wounded victims received the most. Another category was victims whose injuries were life-altering. The number of nights spent in a hospital was another factor. While these criteria provided a framework, they neglected victims whose injuries were mental but not physical, regardless of how severe.

Aurora Strong Resilience Center

All of the previously mentioned committees, along with the consultants from COVA, determined that Aurora would benefit from a special center where citizens could access behavioral and mental support services. The goal was to provide a location that would help with community healing and resilience. Grant money and donations were available to help pay for it. As much as anything, the goal was to prevent the types of health and safety problems, work and family problems, and even violence that can develop when emotional stress is high and untreated. Studies have shown that there can be increases in suicides, accidents, family dysfunction, domestic violence and divorce, substance abuse and DUIs, physical illnesses, and decreases in employee productivity.

Grant money from the Department of Justice and donations, plus the availability of a former library building owned by the city, made it possible to establish the Aurora Strong Resilience Center. The lead organizations providing services are:

- Mental Health Services: Aurora Mental Health (individual and group counseling and other mental health services)
- Victim Services: Aurora Police Department Victim Services Unit and COVA (helping victims navigate and access services)
- Recreation: City of Aurora (non-traditional therapies associated with recreation)
- Cultural Services: City of Aurora (non-traditional therapies associated with art and music)
- Wellness and Education: University of Colorado Anschutz Wellness Center (education on healthy and flexible ways to manage trauma and stress)

A study referenced by the committees showed that the peak for support service requests following acts of mass violence tended to be at nine months, with a gradual drop off thereafter continuing until the second anniversary of the event. The nine month point was April 20, 2013. The Aurora Strong Resilience Center opened its doors on July 11, 2013, past the peak demand period for addressing the most immediate needs for services. However, the Center has the potential for helping community members deal with trauma from all types of disasters (floods, tornados, fires, etc.), from crimes, and from personal tragedies going into the future.

Key Findings

Aurora's overall handling of the aftermath, especially victim and family assistance, was exemplary. Victims greatly appreciated the support and services provided to them and gave high marks for the advocates and the services they rendered.

APD's Victim Assistance unit was shorthanded, but even at full strength, would not have had enough personnel to handle such a large incident. Their ability to quickly marshal a large

cadre of credentialed victim advocates from other jurisdictions and from their pool of volunteers was crucial and proved successful.

A Family Reunification Center was established quickly and organized well. It was difficult to keep the general public away, with many wanting to help.

Making a PIO available to each family of the deceased was innovative. It was conceived and quickly implemented by an APD PIO. Victim families expressed gratitude for this service.

Clergy and other representatives of faith groups were available to victims, but in some cases were too proactive and imposed on some families' privacy and their ideas of what they needed at the time. The Vigil, the memorial site, and the President's visit with victims and families were comforting to many. These events were well planned and protected on short notice.

The lead agency for victim assistance properly was the Victim Assistance unit of the APD. Conflicting dictates from the District Attorney's office and COVA's ran counter to what is considered good practice—having a single advocate per victim or family, and maintaining continuity of that relationship.

Some first responders to the shooting incident were overworked and stressed psychologically by having to also work security on the Paris Street bomb threat, the Vigil, and the Presidential Visit security within a 72-hour timeframe.

With so many victims involved, police and victim advocates had a difficult time gathering and sharing information on the victims' names, status, and location. There were too many victim information databases with the same, or in some cases conflicting, information.

The delay in positively identifying the deceased and releasing the information to the families continues to be problematic at major incidents. Families find it difficult to understand the Coroner's legal requirements for identification. The police and the Coroner sped up the identification process by bringing fingerprint equipment to the scene of the crime and taking prints from only two fingers, and matching most prints taken with Colorado driver's license fingerprint records.

Recommendations

1. **Family Assistance Volunteers.** Do not allow even good-hearted volunteers without family assistance training to have easy access to families and victims after a mass casualty incident. They can do harm.
2. **Consistent Advocates.** Once a family advocate is assigned to a victim or family, it is best not to eliminate that advocate, even if another advocate needs to be added per legal protocols. Of course, an exception would be removal if requested by the victim, or for some overt problem. A key aspect of the assistance is providing someone the family can regard as a trusted advocate.

3. **Explanation of Identification Delays.** Be prepared to explain to families of victims why identification of the deceased takes so long. While certain details may be best to avoid, families should be given general information about how and why the crime scene has to be processed first before the deceased can be processed—and how long both processes generally take. They also should be informed about what is considered "positive identification" and what the law and good practice require. Explain the potential impact of an incorrect identification on other families. Families will still be unhappy, but at least they will have more information about why the process requires a certain amount of time to be completed correctly.
4. **Victim Donations.** Include in a mass casualty plan options for receiving and distributing large amounts of donations likely to flow in to help victims One approach that worked well in Aurora and in Boston after their Marathon bombing is to quickly established a "One Fund" into which all unrestricted financial donations are channeled . Other types of donations, for example airline tickets for victims' families, can be accommodated separately.
5. **Staggered Leave**. Victim Services should consider scheduling leave so that there are not too many advocates on leave at the same time. Advocates also recommended establishing a phone tree with assigned team leads to facilitate the process of call-backs.
6. **Hospital-based Advocates.** There should be a lead advocate assigned to each hospital that receives victims, to coordinate all victim advocates responding to that location. Hospitals should include a point of contact in their mass casualty plans who would work with that victim advocate coordinator. As a team, they would be in position to handle requests for information on the status of the injured, help family members to be with their loved ones, and coordinate information with the family reunification center.
7. **Gathering Place.** In a major incident, designate an area near but not immediately adjacent to the family reunification center where people can gather without interfering. Establish access control as soon as a family reunification center is opened.
8. **Clergy.** Designate a special area where clergy can assemble within the family reunification center. Let them know that family members and friends will initiate contact if they want their assistance, and make sure the families are aware of which clergy are present. Do not allow clergy to circulate and approach families on their own.
9. **Single Victim File.** Establish one central file on victim information to avoid multiple files with conflicting or incomplete information. Hospitals, police, and victim advocates are the primary suppliers and users of this information and should work

together to create a template for any future mass casualty incidents. Aurora may be able to accomplish this using Versadex (Police Records Management System).

10. **Family PIOs.** Promote the successful concept of assigning PIOs to families of the deceased victims at the state and federal level, including DOJ's Office of Victim Assistance in Washington, D.C.

11. **First Responder Relief.** If possible, do not require first responders who worked at a traumatic incident to work their immediate next shift, especially if those become 12-hour shifts. Give first responders and other city employees a chance to rest and unwind. For vigils, visits by the President or other high-ranking officials, or memorial events held immediately following a mass casualty event, use mutual aid agencies to relieve officers who are likely to have been physically and emotionally fatigued. Tired officers may not provide the best security.

APPENDIX. CENTURY 16 THEATER SHOOTING INCIDENT TIMELINE OF NOTABLE EVENTS

The APD compiled the following timeline using radio and telephone recordings/records.

Time	Activity	Elapsed		Police Tone	Fire Tone
0:09:19	Call for loud music at 1690 Paris Street #10.	(0:29:18)	a	(0:30:19)	(0:31:38)
0:38:37	First call of a shooting is received by Public Safety Dispatch. Shooting and screaming heard in the background.	**0:00:00**	a	(0:01:01)	(0:02:20)
0:38:51	Second call, sounds like shots in the background. Address given, a manager calling in.	0:00:14	a	(0:00:47)	(0:02:06)
0:38:53	Third call, lots of screaming and asking for help at Century 16 theater 9. Asking for Police and to help us now. EMD attempted but R/P not responding.	0:00:16	a	(0:00:45)	(0:02:04)
0:39:02	Fourth call, "Help us please" "Please help" R/P not responding, shots heard.	0:00:25	a	(0:00:36)	(0:01:55)
0:39:12	Fifth call, of shooting at Century 16 in Aurora, need someone ASAP, Employees in the Freezer. Do not know if anyone is shot.	0:00:35	a	(0:00:26)	(0:01:45)
0:39:22	Sixth call of gunshots at Century theater, hundreds running out of the building, a person covered in blood, her boyfriend is shot in theater, she does not stay with him. Caller believes it was in theater 10 or 9. Caller reports 16 to 20 shots, at 00:41:58 (Caller reports 3 Police cars on scene).	0:00:45	a	(0:00:16)	(0:01:35)
0:39:37	Seventh call, Century 16 at Aurora Mall, some man came in through the emergency exit, threw a bomb, shot up the mall, everyone is running for their lives.	0:01:00	a	(0:00:01)	(0:01:20)
0:39:38	**First Police Units are dispatched for a shooting at Century Theaters.**	0:01:01	p	**0:00:00**	(0:01:19)
0:40:03	Dispatch airs that at least one person shot with hundreds running around.	0:01:26	p	0:00:25	(0:00:54)
0:40:11	The Watch Commander, Lincoln 25, on PD-2 asks for available cars from all three districts.	0:01:34	p	0:00:33	(0:00:46)
0:40:14	Dispatch airs on PD-1 to west sidecars at least one person shot, hundreds running around.	0:01:37	p	0:00:36	(0:00:43)
0:40:18	Dispatch airs on PD-2 for all available units to respond.	0:01:41	p	0:00:40	(0:00:39)
0:40:20	Dispatch asks District 3 Cruisers if they want D3 cars to respond stating they have lots of calls.	0:01:43	p	0:00:42	(0:00:37)
0:40:24	Dispatch airs on PD-1 for all available west side cars to switch to Channel 2 and start for Century Theaters, Active Shooter.	0:01:47	p	0:00:46	(0:00:33)
0:40:27	Cruiser 50 on PD-3 has District 3 cars start to the theater.	0:01:50	p	0:00:49	(0:00:30)
0:40:29	The first car, Cruiser 11, a Sergeant, on PD-2 calls out on scene.	0:01:52	p	0:00:51	(0:00:28)

Time	Activity	Elapsed		Police Tone	Fire Tone
0:40:31	Call from a manager. Does not know if anyone was shot or just firecrackers. Just saw Customers running out of the building.	0:01:54	a	0:00:53	(0:00:26)
0:40:32	Call by employees in the break room saying someone is firing multiple shots in theater 9. They do not know if anyone is shot, cannot hear shots anymore, just saw everyone running out of the theater.	0:01:55	a	0:00:54	(0:00:25)
0:40:49	Rural-Metro airs on RMA-1 sending Medic 109 Emergent to Century Theaters.	0:02:12	f	0:01:11	(0:00:08)
0:40:57	**First Fire Units are dispatched on a shooting at Century Theaters.**	0:02:20	f	0:01:19	**0:00:00**
0:40:57	Caller relates at Century 16 there has been a shooting we need people here right away, Dispatch says 20 officers are on their way, R/P says they are still shooting. She has a friend who has been shot in the leg, 23 female, EMD started and R/P responds. R/P states she has people shot all around me. *(Call taker tells someone else in Dispatch that a lot of people are shot, they are going to need more ambulances)* at 00:47:38 caller reports seeing police in the theater.	0:02:20	a	0:01:19	0:00:00
0:41:01	Call into 911, no one on the other end, eventually can hear the Fire alarm going off in the background.	0:02:24	a	0:01:23	
0:41:04	Channels Patched for the call and all available cars dispatched.	0:02:27	p	0:01:26	0:00:07
0:41:07	Dispatch airs on the patched channels for all available officers to respond to the shooting.		p	0:01:29	0:00:10
0:41:07	Caller reports there has been a shooting in one of the theaters with Batman. Someone walked in and shot someone in the audience. Not sure if anyone is injured.	0:02:30	a	0:01:29	0:00:10
0:41:12	Call Taker, are you calling about the theater, R/P (road crew) responds they are working with the City and there is a shooting in the theater, People are running everywhere, description is someone wearing a Jersey. Two Officers show up towards the end of the call at 00:42:03.	0:02:35	a	0:01:34	0:00:15
0:41:17	Cruiser 11 calls out again, on the east side.	0:02:40	p	0:01:39	0:00:20
0:41:20	Dispatch airs that someone is still shooting in theater 9, per employees.	0:02:43	p	0:01:42	0:00:23
0:41:21	Medic 109 airs on TAC 2 that they are responding.	0:02:44	f	0:01:43	0:00:24
0:41:34	L25 calls for cops on the back side also.	0:02:57	p	0:01:56	0:00:37
0:41:34	Caller reports she is at the Century 16, call taker asks if this is the shots fired, Caller says she does not know what happened and is put on hold.	0:02:57	a	0:01:56	0:00:37
0:41:35	Dispatch notifies Denver & Arapahoe on MetroNet of an active shooter, no response requested at that time.	0:02:58	p	0:01:57	0:00:38

Time	Activity	Elapsed		Police Tone	Fire Tone
0:41:34	Call taker asks if the person on the line is hurt, she says no but there are dead people in there.	0:02:57	a	0:01:56	0:00:37
0:41:39	514 (Working off duty traffic control) asks for an Ambulance at Exposition and Sable (first reported victim contact).	0:03:02	p	0:02:01	0:00:42
0:41:55	Cruiser 25 calls out on foot on the Sable side of the theater.	0:03:18	p	0:02:17	0:00:58
0:41:57	A caller reports a shooting at the Century 16, they were masked, they were covered, they came through the exit, threw a smoke grenade, and started shooting, wants to know where the nearest hospitals is for his wife who is pregnant and fell hard on her face. Sent to Mississippi and Potomac.	0:03:20	a	0:02:19	0:01:00
0:41:57	Call Taker asks if they are at Century Theaters, R/P responds yes, does not know how many had weapons, said they were shooting something off in the air and that everyone pretty much got out of there.	0:03:20	a	0:02:19	0:01:00
0:42:12	Call Takers asks if they are calling about the theater. R/P does not respond but conversations in the background include don't move them and being shot in the leg, and asking where the guy is at. Around 00:44:32 in the background people are calling for Police. It sounds like an officer can be heard talking to the victims eventually.	0:03:35	a	0:02:34	0:01:15
0:42:19	316 reports people saying theater 9 still.	0:03:42	p	0:02:41	0:01:22
0:42:25	Caller reports a Fire Alarm at Century 16 Theaters.	0:03:48	a	0:02:47	0:01:28
0:42:26	Dispatch airs to Engine 8, Battalion 1 and Medic 109 PD requesting them at Exposition and Sable, do not have a request entry, possible still shooting.	0:03:49	f	0:02:48	0:01:29
0:42:36	Rural Metro calls dispatch on a landline asking if they should start another ambulance Routine. Dispatch affirms that.	0:03:59	f	0:02:58	0:01:39
0:42:41	King 6 calls out on scene.	0:04:04	p	0:03:03	0:01:44
0:42:47	453 has a party shot in front of the theater (second victim contacted).	0:04:10	p	0:03:09	0:01:50
0:42:51	State asks for Shooting address over MetroNet.	0:04:14	p	0:03:13	0:01:54
0:42:53	Caller asks what is going on at the theater. He does not know what is going on or what he should do. Said he was in Theater 8 and that there were some Fireworks that went off. He was pretty sure they were not shots.	0:04:16	a	0:03:15	0:01:56
0:42:57	316, calls for more cars (officers) inside in front of theater 9, and relates someone is spraying gas inside. The fire alarm can be heard in the background, this is the first contact with gas.	0:04:20	p	0:03:19	0:02:00
0:42:59	Dispatch airs to Engine 8, Battalion 1 and Medic 109 that they are needed hot to the front of the theaters, so far they have one party shot.	0:04:22	f	0:03:21	0:02:02

Time	Activity	Elapsed		Police Tone	Fire Tone
0:43:02	Rural-Metro airs on RMA-1 sending a second ambulance routine.	0:04:25	f	0:03:24	0:02:05
0:43:07	Engine 8 airs OK, front of the building.	0:04:30	f	0:03:29	0:02:10
0:43:08	Caller states trying to help a person shot in the leg, Victim is calling his wife. EMD started.	0:04:31	a	0:03:30	0:02:11
0:43:13	Medic 109 airs they copy (response to dispatch to front of theater).	0:04:36	f	0:03:35	0:02:16
0:43:14	Caller states they are at Centerpoint and Sable with victim hit in the head, below the ear, sirens heard in the background, caller sees medics and is told to wave them down.	0:04:37	a	0:03:36	0:02:17
0:43:15	Dispatch airs to Engine 8 they may have additional victims and are starting a second ambulance.	0:04:38	f	0:03:37	0:02:18
0:43:20	Engine 8 airs to start Tower 8 (first call for additional Fire Units).	0:04:43	f	0:03:42	0:02:23
0:43:22	Dispatch calls Rural Metro and asks for a third ambulance routine for multiple victims.	0:04:45	f	0:03:44	0:02:25
0:43:24	316 asks for rescue inside hot, for a shooting victim (third known victim contact).	0:04:47	p	0:03:46	0:02:27
0:43:24	Transfer from Arapahoe County, caller reports something exploded and a victim has shrapnel and someone is shooting, that he heard pop, pop, pop, outside the theater.	0:04:47	a	0:03:46	0:02:27
0:43:32	Dispatch airs to Engine 8 they are starting a third ambulance routine and will start Tower 8.	0:04:55	f	0:03:54	0:02:35
0:43:37	316 asks dispatch to send him another available officer inside.	0:05:00	p	0:03:59	0:02:40
0:43:38	Engine 8 airs that they will have staging away from the scene and he will give them staging shortly.	0:05:01	f	0:04:00	0:02:41
0:43:40	Rural-Metro airs on RMA-1 to have Medic 105 start towards the theaters routine.	0:05:03	f	0:04:02	0:02:43
0:43:44	Cruiser 11 airs they have the back and south side covered.	0:05:07	p	0:04:06	0:02:47
0:43:46	Transfer 911 from Arapahoe, R/P says he only saw one person in one theater but does not know if they were organized and went into many theaters. R/P states he was fully armored and cannot give an idea on age. R/P relates he had full black suit on and probably had three shotguns strapped to him because he got off about 30 shots.	0:05:09	a	0:04:08	0:02:49
0:43:49	King 6 reports a female shot in the leg outside of the theater (fourth victim) and reports people running out of the theater shot in room 9, Dispatch responds they will let rescue know and they (Rescue) will start more people.	0:05:12	p	0:04:11	0:02:52
0:44:02	Dispatch airs on Dispatch sending Tower 8 to the shooting with multiple victims, at least 3 at the Century Theaters.	0:05:25	f	0:04:24	0:03:05
0:44:04	318 reports another victim in the parking lot (fifth	0:05:27	p	0:04:26	0:03:07

Time	Activity	Elapsed		Police Tone	Fire Tone
	victim).				
0:44:05	Medic 109 airs they are staging.	0:05:28	f	0:04:27	0:03:08
0:44:12	Cruiser 10 asks if gas masks are available.	0:05:35	p	0:04:34	0:03:15
0:44:15	216 airs we need gas masks in 9, can't get into 9.	0:05:38	p	0:04:37	0:03:18
0:44:16	Medic 109 airs on RMA-1 they are staged at Sable and Centerpoint.	0:05:39	f	0:04:38	0:03:19
0:44:19	Dispatch airs for any unit that can bring gas masks to theater 9, that they need gas masks.	0:05:42	p	0:04:41	0:03:22
0:44:26	Lincoln 25 airs being told he's in theater 9 and it seems like OC.	0:05:49	p	0:04:48	0:03:29
0:44:35	Caller reports she has two cousins injured and one is not breathing. EMD started but caller cannot hear because the movie is too load, Caller states she cannot do CPR, Call Taker tries to talk her through it, lots of screaming in the background, at 00:48:46 the caller reports the Police are there.	0:05:58	a	0:04:57	0:03:38
0:44:38	Cruiser 10 airs "get us some damn gas masks for theater 9, we can't get in it."	0:06:01	p	0:05:00	0:03:41
0:44:44	Dispatch airs to Battalion 1 that we have multiple victims 3 plus and that PD is airing gas has been sprayed inside, they (Fire) will need gas masks and that there is 1 patient in front of Dillard's, 1 at Exposition and Sable and 1 in front of the theater.	0:06:07	f	0:05:06	0:03:47
0:44:45	216 airs he needs officers on the east side to block it.	0:06:08	p	0:05:07	0:03:48
0:44:54	302 airs a male shot in front of Dillard's and requests an ambulance (sixth victim).	0:06:17	p	0:05:16	0:03:57
0:44:55	Caller reports that she is in theater 9 and that the shooting is stopped, she reports that she and her family are not injured but that others around her may be, the call taker has her stay in the theater if she is safe there. When asked if it was gunshots or fireworks, she relates she saw fireworks. Call Taker tells her that officers are on scene and the Fire Department is standing by. At 00:47:40 the caller relates the Police have come in.	0:06:18	a	0:05:17	0:03:58
0:45:03	Cruiser 26 asks if we are staging rescue so he can take the victims.	0:06:26	p	0:05:25	0:04:06
0:45:10	214 airs he has a party shot in a car (seventh victim).	0:06:33	p	0:05:32	0:04:13
0:45:17	Dispatch airs to Battalion 1 that they have 4 patients now, 1 patient in front of Dillard's, 1 at Exposition and Sable and 1 in front of the theater and they have gas being sprayed inside the theater.	0:06:40	f	0:05:39	0:04:20
0:45:25	L25 directs Rescue to stage in the west lot and asks for at least 3 or 4 ambulances to be brought in.	0:06:48	p	0:05:47	0:04:28
0:45:25	Caller reports that at least 2 people had guns at the front of the theater, then states it was 2 guns being shot. Caller has left the area.	0:06:48	a	0:05:47	0:04:28

Time	Activity	Elapsed		Police Tone	Fire Tone
0:45:30	Medic 101 asks Rural-Metro on RMA-1 if they are needed. Rural-Metro responds they have not asked for a fourth ambulance but go ahead and respond.	0:06:53	f	0:05:52	0:04:33
0:45:34	Caller asks for help and reports there are bodies everywhere, that several people have been shot, she does not know where the shooter went. Caller can't hear the Call Taker because the movie is playing. Reports that there are several people shot, there are people all over, that she see 12 - 15 shot. At 00:47:39 she reports "We're OK, the cops are here."	0:06:57	a	0:05:56	0:04:37
0:45:39	Dispatch airs (continuing the conversation with Battalion 1) that they (Police) are saying to stage in the west parking lot and they need 3 to 4 ambulances which Dispatch will start with Rural-Metro and that we have Tower 8 en route with Engine 8, do you want any more?	0:07:02	f	0:06:01	0:04:42
0:45:40	216A asks for a marked car on the south side, he has a suspect in a gas mask - *(7 minutes into the call, 6 minutes after dispatch).*	0:07:03	p	0:06:02	0:04:43
0:45:53	Battalion 1 airs to set up ambulance staging at Exposition and Sable and asks if that is where they wanted us to stage in the first place?	0:07:16	f	0:06:15	0:04:56
0:46:01	Cruiser 26 airs he has rescue on the north side.	0:07:24	p	0:06:23	0:05:04
0:46:05	453 airs he has 3 parties shot and asks were rescue will be?	0:07:28	p	0:06:27	0:05:08
0:46:07	Dispatch airs to Battalion 1 that Exposition and Sable was the original staging but now they are asking for the West parking lot. She will clarify with PD so we will not be coming into their scene.	0:07:30	f	0:06:29	0:05:10
0:46:10	Cruiser 26 airs he has two victims with him on the north side.	0:07:33	p	0:06:32	0:05:13
0:46:13	Medic 109 airs on RMA-1 that they are on scene in the East parking lot of the theater.	0:07:36	f	0:06:35	0:05:16
0:46:16	Cruiser 11 asks to hold the air and asks if that is a suspect with the white car in the rear of the lot.	0:07:39	p	0:06:38	0:05:19
0:46:20	Battalion 1 airs that if 8s is there they need to set up a staging area, he is not on scene yet.	0:07:43	f	0:06:42	0:05:23
0:46:22	216A confirms it is a suspect and that he has rifles, gas masks, is detained right now, and that there is an open door into the theater.	0:07:45	p	0:06:44	0:05:25
0:46:23	Dispatch notifies Denver to notify Denver General that we have a multitude of parties shot and that they may be getting patients.	0:07:46	f	0:06:45	0:05:26
0:46:28	Dispatch airs to Engine 8 that they want the staging area in the west parking lot of the theater.	0:07:51	f	0:06:50	0:05:31
0:46:29	Cruiser 11 airs to hold the position and the suspect.	0:07:52	p	0:06:51	0:05:32

Time	Activity	Elapsed		Police Tone	Fire Tone
0:46:30	Lincoln 25 notifies on call Duty Captain by phone. *This starts the notification process to call in the Chief of Police, The Duty Chief, the Emergency Response Team, and the Detectives. Time Approximated*	0:07:53	p	0:06:52	0:05:33
0:46:38	Medic 109 airs they are on scene with APD	0:08:01	f	0:07:00	0:05:41
0:46:39	Cruiser 49 airs for cars coming in to set up a perimeter around the entire mall. That all cars do not need to go into the theater.	0:08:02	p	0:07:01	0:05:42
0:46:46	Medic 104 asks Rural-Metro on RMA-1 to let TAC-2 know they are on scene.	0:08:09	f	0:07:08	0:05:49
0:46:48	Engine 8 airs to dispatch they are on scene and getting reports of multiple patients and an active shooter, Engine 8 establishes Century Command, Dispatch lets them know there may be as many as 5 patients.	0:08:11	f	0:07:10	0:05:51
0:46:55	Cruiser 26 airs to bring all victims that have been shot to the north end of the theater.	0:08:18	p	0:07:17	0:05:58
0:46:56	Medic 102 airs to Rural-Metro on RMA-1 if they still want them routine?	0:08:19	f	0:07:18	0:05:59
0:47:05	Cruiser 25 airs that he has two victims on the east side/north side of the theater and will need an ambulance quick.	0:08:28	p	0:07:27	0:06:08
0:47:15	Dispatch airs they copy Engine 8, and that PD is taking the victims to the North end of the theater, and that Engine 8 is in command.	0:08:38	f	0:07:37	0:06:18
0:47:16	Metro 10 airs to start putting them in cars and shuttling them out to the west end.	0:08:18	p	0:07:38	0:06:19
0:47:22	210 airs he has one immobile on the east side he cannot get to rescue shot twice in the back.	0:08:45	p	0:07:44	0:06:25
0:47:22	Dispatch airs she is starting 2 more ambulances.	0:08:45	f	0:07:44	0:06:25
0:47:22	Medic 101 airs to Rural-Metro on RMA-1 if they want them emergent. Rural-Metro responds they are requested routine for now.	0:08:45	f	0:07:44	0:06:25
0:47:29	Dispatch airs to Engine 8 asking if they need additional engines, that they just have Tower 8 en route.	0:08:52	f	0:07:51	0:06:32
0:47:36	201A asks for an ambulance at Sable and Centerpoint, he has a victim with the road crew.	0:08:59	p	0:07:58	0:06:39
0:47:36	Engine 8 airs to start 2 more engines emergent and staging is the East parking lot of the mall, basically Dillard's.	0:08:59	f	0:07:58	0:06:39
0:47:52	Gang 8 airs to hold the air they are making entry in 9.	0:09:15	p	0:08:14	0:06:55
0:47:56	Cruiser 10 airs we need rescue inside the auditorium, multiple victims.	0:09:19	p	0:08:18	0:06:59
0:48:06	Dispatch airs to Engine 8 that they (PD) are saying they have a party on the East side of the theater that they can't get to, and he is shot in the back and multiple parties inside the theater	0:09:29	f	0:08:28	0:07:09

Time	Activity	Elapsed		Police Tone	Fire Tone
0:48:07	M17 Airs that he needs more cars on the east end.	0:09:30	p	0:08:29	0:07:10
0:48:09	Rural-Metro airs on RMA-1 to Medic 103 to respond routine that they will be the fifth ambulance in on a shooting at the theaters.	0:09:32	f	0:08:31	0:07:12
0:48:12	Lincoln 25 directs rescue to stage at the Dillard's lot and states "I need as many ambulances as we can to the Dillard's Lot." L25 asks to have the fire trucks stage in the Dillard's lot also and he will get them (firefighters) inside to triage people and get them out. He asks that they get ready and get litters to the front of the theater.	0:09:35	p	0:08:34	0:07:15
0:48:20	Dispatch airs to Engine 8 that she has 4 ambulances en route, that PD is asking for as many ambulances as possible to Dillard's and how many does he want, that she will start 2	0:09:43	f	0:08:42	0:07:23
0:48:39	Medic 105 on scene, west parking lot	0:10:02	f	0:09:01	0:07:42
0:48:44	302A takes one male to the hospital in his police car **(***First transport of an injured victim by Police)*	0:10:07	p	0:09:06	0:07:47
0:48:46	Dispatch airs to Engine 8 and any unit on scene at Century Theaters that PD is requesting them to Dillard's, that they are taking all victims to Dillard's	0:10:09	f	0:09:08	0:07:49
0:48:50	216 airs he has 7 down in theater 9	0:10:13	p	0:09:12	0:07:53
0:48:55	Dispatch airs that they will notify Fire of 7 down in theater 9	0:10:18	p	0:09:17	0:07:58
0:48:58	Cruiser 10 airs to get officers in 9 to get the movable victims out	0:10:21	p	0:09:20	0:08:01
0:49:08	Battalion 1 airs to Tower 8 who responds that they have a victim at Exposition and Sable they are going to take, Battalion 1 asks them to split their crew since he is with one at Centerpoint and Sable	0:10:31	f	0:09:30	0:08:11
0:49:12	620 airs he is with fire and to let him know when you are ready for them	0:10:35	p	0:09:34	0:08:15
0:49:17	Lincoln 25 asks for mutual aid from Denver Police. *(First Request for mutual aid)*	0:10:40	p	0:09:39	0:08:20
0:49:24	Dispatch contacts Denver on MetroNet and asks for any officers available to respond that we have at least 12 people shot	0:10:47	p	0:09:46	0:08:27
0:49:24	321 airs that one of the shooters might be wearing a white and blue plaid shirt.	0:10:47	p	0:09:46	0:08:27
0:49:24	Medic 101 airs to Rural-Metro on RMA-1 that they cannot get through on TAC and to let them know they are en route	0:10:47	f	0:09:46	0:08:27
0:49:30	ERT Commander notified. *First formal notification to call in Off Duty Officers. Time Approximated.*	0:10:53	p	0:09:52	0:08:33
0:49:33	Tower 8 airs in response to Battalion 1 that they will get out of their rig, triage the one they have, and then try to make their way north to him.	0:10:56	f	0:09:55	0:08:36
0:49:34	Cruiser 10 airs he has a child victim needs rescue at	0:10:57	p	0:09:56	0:08:37

Time	Activity	Elapsed		Police Tone	Fire Tone
	the back door of theater 9 now				
0:49:38	Medic 102 airs on RMA-1 to confirm where they want them staging at since they can't get through, Rural-Metro responds to stage at Dillard's that is where they are taking all the victims	0:11:01	f	0:10:00	0:08:41
0:49:41	Medic 109 asks Dispatch who is command. Dispatch responds Dillard's Parking Lot, Engine 8	0:11:04	f	0:10:03	0:08:44
0:49:42	Medic 101 airs on RMA-1 to let them know they are on scene, that they cannot get them on TAC	0:11:05	f	0:10:04	0:08:45
0:49:43	Tower 8 responds to Battalion 1 that they will get out of the Rig, triage the one they have then make their way to him	0:11:06	f	0:10:05	0:08:46
0:49:48	Dispatch airs on Dispatch to Engine 4 and Truck 2 to assist Tower 8 and Engine 8 with Multiple Gunshot Victims	0:11:11	f	0:10:10	0:08:51
0:50:02	Lincoln 25 airs to have the channels unpatched with 2 inside and 3 outside	0:11:25	p	0:10:24	0:09:05
0:50:03	Medic 102 airs to Medic 101on RMA-1 what side is Dillard's, Medic 101 responds the best access is from Sable because Dillard's is on the west of the Theater but that she (101) is coming from the wrong angle because she is not going to be able to get to Dillard's	0:11:26	f	0:10:25	0:09:06
0:50:04	Medic 109 airs to Engine 8 he is North of the theaters with a GSW, 18, female to the leg, Engine 8 responds that they are on the North West corner of the theater and they are starting a treatment center there, they already have multiple victims	0:11:27	f	0:10:26	0:09:07
0:50:22	Lincoln 41 on PD-3 asks for mutual aid from Arapahoe county for cars to create a perimeter around the scene	0:11:45	p	0:10:44	0:09:25
0:50:32	216 asks for immediate medical to theater 9, he has 7 down	0:11:55	p	0:10:54	0:09:35
0:50:37	Lincoln 25 responds to 216 that he is trying to get them there but he does not have enough medical people there yet	0:12:00	p	0:10:59	0:09:40
0:50:38	Medic 109 airs to Engine 8 that his patient is stable right now and that he is going to load her up and get going	0:12:01	f	0:11:00	0:09:41
0:50:42	Metro 10 airs that he can get multiple victims from 9 to the old Sports Authority lot if Rescue can get to that lot	0:12:05	p	0:11:04	0:09:45
0:50:47	Medic 106 airs to Rural-Metro on RMA-1 asking for an address, Rural-Metro airs she will have him respond routine because of his distance to the theaters	0:12:10	f	0:11:09	0:09:50
0:50:50	Dispatch contacts Arapahoe on MetroNet and asks for cars to help with the perimeter	0:12:13	p	0:11:12	0:09:53

Time	Activity	Elapsed		Police Tone	Fire Tone
0:50:52	Cruiser 49 on PD-3 takes control of the outer perimeter, still needs a car at Abilene and Exposition	0:12:15	p	0:11:14	0:09:55
0:50:57	Dispatch airs to Century Command that Rural Metro is sending all ambulances available in Aurora and that they have 2 additional engines en route, does he need any additional Fire apparatus?	0:12:20	f	0:11:19	0:10:00
0:51:00	Lincoln 25 asks for ambulances on Sable and ambulances in the Dillard's lot	0:12:23	p	0:11:22	0:10:03
0:51:10	Metro 10 airs that the suspect states he is alone but the officer is getting conflicting information from witnesses	0:12:33	p	0:11:32	0:10:13
0:51:14	Century Command responds to give him two more engines and he wants them on the North West corner of Century 16	0:12:37	f	0:11:36	0:10:17
0:51:25	Cruiser 11 airs that the inside is secure and they are bringing out bodies, has 3 to 7 hit and asks for Rescue to the back of theater 9	0:12:48	p	0:11:47	0:10:28
0:51:30	On call Duty Chief notified *Time Approximated*	0:12:53	p	0:11:52	0:10:33
0:51:33	Medic 348 airs to Rural-Metro on RMA-1 that they are at Wadsworth and 44th and asks if they are responding, Rural Metro confirms they are routine towards Aurora	0:12:56	f	0:11:55	0:10:36
0:51:34	Medic 102 airs to Century Command that they are to the North of Dillard's and if there is a way (transmission cuts off)	0:12:57	f	0:11:56	0:10:37
0:51:38	Cruiser 26 airs that they have a team that is clearing the theaters on the north side	0:13:01	p	0:12:00	0:10:41
0:51:43	Lincoln 25 states he has one ambulance and asks where the other ambulances are	0:13:06	p	0:12:05	0:10:46
0:51:49	321 on PD-3 asks for Rescue on the north east corner so he can start extracting victims	0:13:12	p	0:12:11	0:10:52
0:51:52	Medic 105 airs to Century Command	0:13:15	f	0:12:14	0:10:55
0:51:58	Lincoln 25 on PD-3 airs that he has 1 ambulance, he needs every medical person in the city there	0:13:21	p	0:12:20	0:11:01
0:51:58	Tower 8 airs they are at Sable and Exposition with a GSW to abdomen, arms and legs, they need an ambulance if they have any to spare	0:13:21	f	0:12:20	0:11:01
0:52:02	Dispatch airs that ambulances should be staging at the north west corner of the theater	0:13:25	p	0:12:24	0:11:05
0:52:05	Denver contacts Dispatch on metro net and asks if it is still an active shooter, Dispatch confirms	0:13:28	p	0:12:27	0:11:08
0:52:08	Lincoln 25 airs on PD-3 to start all medical people available in the City to Century 16 and wants them in the Dillard's lot and on Sable that they are going to have to come in off of Alameda.	0:13:31	p	0:12:30	0:11:11
0:52:14	216 airs to step up that ambulance to theater 9	0:13:37	p	0:12:36	0:11:17

Time	Activity	Elapsed		Police Tone	Fire Tone
0:52:15	Engine 8.4 airs to Command he has on the North East corner, 4 reds with APD bringing out more victims from the back, he needs at least 1 AFD unit and two ambulances right away.	0:13:38	f	0:12:37	0:11:18
0:52:16	Denver notifies Dispatch on MetroNet that they have numerous cars en route and asks where Aurora wants them to come in from	0:13:39	p	0:12:38	0:11:19
0:52:21	Metro 10 airs to Dispatch to get on CLEER and request mutual aid from all available EMS personnel in the metro area	0:13:44	p	0:12:43	0:11:24
0:52:30	Cruiser 10 asks for a medical crew in 9 for an eviscerated victim	0:13:53	p	0:12:52	0:11:33
0:52:30	Dispatch on PD-3 asks 321 if he can get anybody over to the Dillard's lot (in response to his request for Rescue on the NE corner)	0:13:53	p	0:12:52	0:11:33
0:52:44	Command airs to Engine 8.4 asking if he is on the North East corner of the building, 8.4 states yes and they just brought another red over to me so I have 5 reds and they are bringing additional people to this corner	0:14:07	f	0:13:06	0:11:47
0:52:45	Metro 10 airs to not worry about the emergency key and to keep the channels clear	0:14:08	p	0:13:07	0:11:48
0:52:47	**Dispatch airs on MetroNet to all Metro agencies requesting emergency response to the theater for an active shooter with multiple patients.**	0:14:10	p	0:13:09	0:11:50
0:52:51	216 airs that they are going to evacuate as many as they can out of theater 9 to the east side.	0:14:14	p	0:13:13	0:11:54
0:53:01	Medic 106 airs to Rural-Metro on RMA-1 asking to confirm they are still wanted routine.	0:14:24	f	0:13:23	0:12:04
0:53:02	Metro 10 asks for Ambulances to the back of the theater or the old Sports Authority lot. Dispatch replies she will let them (Fire) know.	0:14:25	p	0:13:24	0:12:05
0:53:07	Medic 105 calls Command, Command answers but Medic 105 does not state anything back, possibly preempted by Dispatch	0:14:30	f	0:13:29	0:12:10
0:53:12	Lincoln 15 calls Lincoln 25 and advises that they have a lot more resources coming in and confirms the majority of the incident is in theater 9.	0:14:35	p	0:13:34	0:12:15
0:53:13	Rural-Metro airs to Medic 106 on RMA-1 because of the distance she is going to start them emergent.	0:14:36	f	0:13:35	0:12:16
0:53:13	Dispatch airs that PD is requesting as many medical personnel as possible to the Dillard's to assist with patients, we have 2 additional engines en route and a child down outside.	0:14:36	f	0:13:35	0:12:16
0:53:16	Dispatch airs to Engine 2 and Engine 5 on Dispatch to respond with a Task Force, multiple gunshot victims, to the theaters.	0:14:39	f	0:13:38	0:12:19
0:53:24	Englewood airs to Dispatch on MetroNet that they are sending 4.	0:14:47	p	0:13:46	0:12:27

Time	Activity	Elapsed		Police Tone	Fire Tone
0:53:31	Command copies the PD request and airs for inbound units. Engine 4 airs they are at Mississippi and Abilene. Engine 8 (Command) tells them they will be the Dillard's Division	0:14:54	f	0:13:53	0:12:34
0:53:35	Medic 107 airs to Rural-Metro on RMA-1 about responding, Rural-Metro confirms they are responding and are routine for now	0:14:58	f	0:13:57	0:12:38
0:53:37	Jefferson airs to Dispatch on MetroNet that they will get some cars en route.	0:15:00	p	0:13:59	0:12:40
0:53:41	Dispatch airs to responding agencies on MetroNet to respond to approximately Alameda and 225.	0:15:04	p	0:14:03	0:12:44
0:53:42	Cruiser 49 on PD-3 tells perimeter cars to check the cars that are leaving for anyone armed or injured.	0:15:05	p	0:14:04	0:12:45
0:53:46	216 asks to have the movie shut off in theater 9.	0:15:09	p	0:14:08	0:12:49
0:53:52	Lincoln 25 airs there are assault rifle magazines down inside so watch out for the assault rifle.	0:15:15	p	0:14:14	0:12:55
0:54:01	Medic 102 airs to Command that they are at Centerpoint and Sable with a patient in the back of a pickup truck. Should they take that or go to the staging area?	0:15:24	f	0:14:23	0:13:04
0:54:11	Broomfield airs to Dispatch on MetroNet that they are sending three cars to 225 and Alameda.	0:15:34	p	0:14:33	0:13:14
0:54:18	Engine 8 airs for the ambulance calling command.	0:15:41	f	0:14:40	0:13:21
0:54:19	Metro 10 asks Lincoln 25 if he can start taking victims by car, he has a whole bunch of people shot and no Rescue.	0:15:42	p	0:14:41	0:13:22
0:54:24	Medic 102 airs they have a patient shot in the face/neck and asks if they should take him.	0:15:47	f	0:14:46	0:13:27
0:54:27	Lincoln 25 airs “yes, load em up, get em in cars, get em out of here.”	0:15:50	p	0:14:49	0:13:30
0:54:27	Arapahoe airs to Dispatch on MetroNet they have 6 en route.	0:15:50	p	0:14:49	0:13:30
0:54:32	Cruiser 10 airs that they have 1 in theater 9 that they cannot move and asks for an ambulance crew as soon as available.	0:15:55	p	0:14:54	0:13:35
0:54:36	Engine 8 airs who is this again? Medic 102 responds one-zero-two, Engine 8 responds but it is unintelligible, at 00:57:01 Medic 102 airs they are staged at Exposition and Sable.	0:15:59	f	0:14:58	0:13:39
0:54:40	Denver contacts Dispatch on CLEER and states they have officers rolling on scene asks where they should stage.	0:16:03	p	0:15:02	0:13:43
0:54:43	Dispatcher asks what hospitals the police are taking victims to so they can make notifications. Lincoln 25 replies to notify all of them.	0:16:06	p	0:15:05	0:13:46
0:54:48	Dispatch contacts Cruiser 49 on PD-3 relating she has 6 Arapahoe en route and Denver is arriving on scene, asking where he wants them…Cruiser 49	0:16:11	p	0:15:10	0:13:51

Time	Activity	Elapsed		Police Tone	Fire Tone
	applies them to the perimeter.				
0:54:49	Medic 101 airs they are on scene.	0:16:12	f	0:15:11	0:13:52
0:54:52	Dispatch airs to Century Command that PD cannot evacuate the patient that is in theater 9 and need medical, Engine 8 responds he copies.	0:16:15	f	0:15:14	0:13:55
0:55:02	201A airs on TAC 11 that he is running hot with a gunshot victim to south *(Second patient transported by Police).*	0:16:25	p	0:15:24	0:14:05
0:55:05	Medic 101 airs to Command that they are in front of the theater with 105 and have a patient, does command want them to take him, Engine 8 relates affirmative.	0:16:28	f	0:15:27	0:14:08
0:55:11	Gang 8 airs that all other theaters are clear.	0:16:34	p	0:15:33	0:14:14
0:55:21	Cruiser 11 airs to have officers posted on the hallways in case they missed someone	0:16:44	p	0:15:43	0:14:24
0:55:21	Battalion 1 airs he is assuming command, wants a count on who is coming in (Fire Apparatus) and all ambulances not on scene to stage at Sable and Exposition until they gets this sorted out.	0:16:44	f	0:15:43	0:14:24
0:55:23	Thornton airs to Dispatch on MetroNet they have 3 officers en route with one being a K-9 unit.	0:16:46	p	0:15:45	0:14:26
0:55:34	Cruiser 10 airs that if they are mobile get them outside, a few are not mobile and they need a rescue crew in there right away.	0:16:57	p	0:15:56	0:14:37
0:55:38	321 airs on PD-3 that they need rescue to the east in the rear of the theater ASAP.	0:17:01	p	0:16:00	0:14:41
0:55:41	Thornton asks Dispatch on MetroNet which Channel to use, Dispatch relates they are on Aurora's primary and they will look for another channel if Thornton does not have that primary channel.	0:17:04	p	0:16:03	0:14:44
0:55:46	Dispatch airs to Battalion 1 that she has Engine 2, Truck 2, Engine 4 assigned to Dillard's Division and Engine 5 en route. She relates again that PD is requesting medical personnel in theater 9, they have a child down and cannot evacuate.	0:17:09	f	0:16:08	0:14:49
0:55:53	Metro 11 airs he is en route to TMCA with 1 patient *(Third patient transported+C222 by Police).*	0:17:16	p	0:16:15	0:14:56
0:55:59	Cruiser 49 airs to have cars coming in to help at the exits checking for armed or injured. He asks for 2 cars at each exit.	0:17:22	p	0:16:21	0:15:02
0:56:04	216 airs he needs medical behind theater 9 east side.	0:17:27	p	0:16:26	0:15:07
0:56:07	Battalion 1 airs he copies and wants the Fire Department not on scene to stage at Exposition and Sable.	0:17:30	f	0:16:29	0:15:10
0:56:08	Arapahoe airs to Dispatch on MetroNet that they now have 9 Deputies en route.	0:17:31	p	0:16:30	0:15:11

Time	Activity	Elapsed		Police Tone	Fire Tone
0:56:11	Rural-metro airs on RMA-1 that all units not on scene at the MCI need to stage at Exposition and Sable.	0:17:34	f	0:16:33	0:15:14
0:56:12	216 repeats that he has multiples down behind 9	0:17:35	p	0:16:34	0:15:15
0:56:15	Jefferson airs to Dispatch on metro net that they have 2 en route.	0:17:38	p	0:16:37	0:15:18
0:56:19	Dispatch airs that any Fire apparatus and Medical apparatus that are not on scene, she needs them at Exposition.	0:17:42	f	0:16:41	0:15:22
0:56:22	216 airs he has 10 behind theater 9.	0:17:45	p	0:16:44	0:15:25
0:56:27	Cruiser 25 airs that for the next ambulances that comes in he is going to direct them down the east side.	0:17:50	p	0:16:49	0:15:30
0:56:28	Engine 5 airs they copy to go to Exposition and Sable.	0:17:51	f	0:16:50	0:15:31
0:56:30	King 3 airs there is a party in a red shirt running at Alameda and Sable and asks if anyone is down there.	0:17:53	p	0:16:52	0:15:33
0:56:31	Tower 8 airs to Command that Truck 2 is on scene and Staging Exposition and Sable.	0:17:54	f	0:16:53	0:15:34
0:56:34	Metro 10 airs that they need rescue or more patrol cars to the east side, we're just going to take these people.	0:17:57	p	0:16:56	0:15:37
0:56:39	Dispatch acknowledges Tower 8 and airs PD advises there are 10 people down behind the theater.	0:18:02	f	0:17:01	0:15:42
0:56:45	310 airs that the shooter has a rifle, 5.56. (Coughing over radio)	0:18:08	p	0:17:07	0:15:48
0:56:48	Battalion 1 responds to dispatch he copies and calls engine 4.	0:18:11	f	0:17:10	0:15:51
0:56:56	Dispatch copies 310 and asks if he needs rescue as well…He replies no.	0:18:19	f	0:17:18	0:15:59
0:57:01	Medic 102 airs they are staged at Exposition and Sable.	0:18:24	f	0:17:23	0:16:04
0:57:08	Cruiser 49 airs on PD-3 he is already identifying people who saw what happened, tells cars to stop people leaving and ask them what they saw.	0:18:31	p	0:17:30	0:16:11
0:57:08	Tower 8 airs to Command that they have 1 patient in the back of the ambulance and are coming in to the scene, are they wanted at Dillard's or where?	0:18:31	f	0:17:30	0:16:11
0:57:12	Metro 11 airs he has one to the head and another to the head.	0:18:35	p	0:17:34	0:16:15
0:57:14	Littleton airs to Dispatch on metro net that they have at least 5 en route 1 is a K-9 and 2 are SWAT.	0:18:37	p	0:17:36	0:16:17
0:57:19	Battalion 1 answers Tower 8 to go to Dillard's and asks if Engine 4 is on scene. Dispatch answers Engine 4 is showing on scene.	0:18:42	f	0:17:41	0:16:22
0:57:21	Metro 10 asks Metro 11 if they can get out southbound…He replies yes, he went out the south entrance and it is all open, Exposition to Abilene.	0:18:44	p	0:17:43	0:16:24

Time	Activity	Elapsed		Police Tone	Fire Tone
0:57:28	Douglas airs to Dispatch on MetroNet that they have 2 en route 1 patrol, 1 K-9.	0:18:51	p	0:17:50	0:16:31
0:57:33	Metro 10 airs that Cruiser 6 is taking 2 more victims.	0:18:56	p	0:17:55	0:16:36
0:57:39	Medic 109 airs on RMA-1 they are emergent to Children's, no fire, and to let TAC know since they (the TAC Channel) are busy.	0:19:02	f	0:18:01	0:16:42
0:57:40	Battalion 1 airs that Tower 8 and Engine 4 will be the Dillard's Division and that they need to let him know how many ambulances they have. Then airs to Dispatch to have all ambulances that they are sending to stage at Exposition and put them one block east on Sable and keep the fire equipment separate and have Engine 4 in charge of that Division and that Engine 8 will be in charge of the Century Division.	0:19:03	f	0:18:02	0:16:43
0:57:42	Adams County airs to Dispatch on MetroNet that they have 10 en route now, 1 K-9 and more to come.	0:19:05	p	0:18:04	0:16:45
0:57:45	SWAT 2 airs asking if anyone has been upstairs yet, other respond they are clearing it now.	0:19:08	p	0:18:07	0:16:48
0:58:12	Dispatch airs to Battalion 1 that they advised Rural Metro Exposition and Sable and will let them know one block east, and advised that PD is again requesting emergent medical to the back.	0:19:35	f	0:18:34	0:17:15
0:58:13	216 asks to send somebody to 9, asks where are his police cars, he still needs ambulances or cars at theater 9.	0:19:36	p	0:18:35	0:17:16
0:58:18	Denver asks Dispatch on MetroNet if they can patch in on Blue SE for their officers on scene.	0:19:41	p	0:18:40	0:17:21
0:58:24	Lincoln 25 airs to check behind the screen.	0:19:47	p	0:18:46	0:17:27
0:58:24	Battalion 1 airs to Dispatch he copies the request on emergent medical, but is just trying to get things under control. Dispatch airs she copies and that again they are still asking for additional medical in theater 9.	0:19:47	f	0:18:46	0:17:27
0:58:25	Medic 407 airs to Rural-Metro on RMA-1 they are headed emergent to Aurora.	0:19:48	f	0:18:47	0:17:28
0:58:29	Dispatch airs they copy Battalion 1and that they are still asking for additional medical in theater 9.	0:19:52	f	0:18:51	0:17:32
0:58:30	Dispatch airs on MetroNet to all agencies assisting Aurora to switch to Blue SE.	0:19:53	p	0:18:52	0:17:33
0:58:30	On call Major Crimes Commander notified *Time Approximated.*	0:19:53	p	0:18:52	0:17:33
0:58:33	Cruiser 49 airs on PD-3 that he is getting information that a party had entered theater 9 dressed in a combat manner with a gas mask, had weapons and began throwing gas, bombs and such.	0:19:56	p	0:18:55	0:17:36
0:58:37	216 airs to get a hold of Denver Ambulance and have them roll on this.	0:20:00	p	0:18:59	0:17:40

Time	Activity	Elapsed		Police Tone	Fire Tone
0:58:37	Castle Rock airs to Dispatch over MetroNet that they have 2 en route, 1 K-9.	0:20:00	p	0:18:59	0:17:40
0:58:37	Battalion 1 airs to Truck 2 asking their location.	0:20:00	f	0:18:59	0:17:40
0:58:41	Metro 10 airs to let South know that Cruiser 6 is en route with 1 critical and 1 semi-critical.	0:20:04	p	0:19:03	0:17:44
0:58:42	Truck 2 airs in response to Battalion 1s call that they can take theater 9.	0:20:05	f	0:19:04	0:17:45
0:58:48	Battalion 1 responds to Truck 2, OK I need all fire apparatus coming to Century he needs them to come in off the west side of the theaters where Engine 8 is, Engine 8 will be this Division.	0:20:11	f	0:19:10	0:17:51
0:58:51	Dispatch airs that Truck 2, medical personnel is en route to theater 9.	0:20:14	p	0:19:13	0:17:54
0:58:55	Cruiser 49 airs on PD-3 that the suspect was dressed all in black and wearing a bullet proof vest.	0:20:18	p	0:19:17	0:17:58
0:58:57	Metro 10 airs that he needs any available patrol car in the back, or an ambulance.	0:20:20	p	0:19:19	0:18:00
0:59:00	Arapahoe airs to Dispatch on MetroNet that they have 13 Deputies and 1 K-9 en route.	0:20:23	p	0:19:22	0:18:03
0:59:02	Medic 101 airs on RMA-1 they are emergent to Children's, 1 Fire.	0:20:25	f	0:19:24	0:18:05
0:59:06	Lincoln 41 airs on PD-3 that he needs rescue to move to the rear of the theater, we have officers there and requests them immediately for multiple victims.	0:20:29	p	0:19:28	0:18:09
0:59:09	Metro 10 airs asking which hospital to take the next victim.	0:20:32	p	0:19:31	0:18:12
0:59:17	302 airs two more victims en route to South.	0:20:40	p	0:19:39	0:18:20
0:59:18	Engine 4 airs he has 2 reds in front of Dillard's and needs an ambulance whenever he gets a chance.	0:20:41	f	0:19:40	0:18:21
0:59:20	Lincoln 41 airs on PD-3 to advise rescue the officers will be there for security, that is the best we can do at this point.	0:20:43	p	0:19:42	0:18:23
0:59:20	Metro 10 airs to take patients to University, we sent a lot to South.	0:20:43	p	0:19:42	0:18:23
0:59:24	Cruiser 10 asks if anyone has begun to systematically clear the theaters, and to rip the screens down because of the voids behind the screens.	0:20:47	p	0:19:46	0:18:27
0:59:30	On call District Detective Sergeant notified *Time Approximated.*	0:20:53	p	0:19:52	0:18:33
0:59:34	210 airs that he has at least three victims on the Southeast corner.	0:20:57	p	0:19:56	0:18:37
0:59:36	Blue SE is set up and mutual aid cars are starting to go to that channel.	0:20:59	p	0:19:58	0:18:39
0:59:39	201 airs he has 5 possible employees that they are searching now.	0:21:02	p	0:20:01	0:18:42

Time	Activity	Elapsed		Police Tone	Fire Tone
0:59:40	Battalion 1 airs in response to Engine 4s request for an ambulance with "Copy, just run that Division, I have you in charge with Tower 8, just let me know what resources you need and we will go from there."	0:21:03	f	0:20:02	0:18:43
0:59:48	Englewood airs to Dispatch on MetroNet that they have cars coming into the area and asks for a better staging area, they are given perimeter positions.	0:21:11	p	0:20:10	0:18:51
0:59:56	Dispatch airs to Century Command she apologizes again PD is asking for emergency medical to the back of the theater, they are on scene to provide security.	0:21:19	f	0:20:18	0:18:59
0:59:58	Denver airs to Dispatch on Blue SE that Denver cars are now on Blue SE.	0:21:21	p	0:20:20	0:19:01
1:00:07	Denver airs to Dispatch on Blue SE that Denver cars are switched over to that channel.	0:21:30	p	0:20:29	0:19:10
1:00:09	Medic 342 asks Rural-Metro on RMA -1 if they are wanted emergent or not. Rural-Metro starts them emergent	0:21:32	f	0:20:31	0:19:12
1:00:11	Battalion 1 airs in response to Dispatches call for medical in the back that he has Truck 2 coming around to help Engine 8.	0:21:34	f	0:20:33	0:19:14
1:00:17	Dispatch responds to Battalion 1 that PD has 10 in the back of the theater and another party, a child, inside theater 9 that they can't evacuate.	0:21:40	f	0:20:39	0:19:20
1:00:22	Lincoln 25 airs on PD-3 that he needs ambulances to the back, that he has a whole bunch of people down and sees one ambulance on scene. Dispatch responds that she has told them 5 times and will tell them again.	0:21:45	p	0:20:44	0:19:25
1:00:24	Arapahoe airs to Dispatch on Blue SE that they too are on Blue SE.	0:21:47	p	0:20:46	0:19:27
1:00:29	Battalion 1 asks to activate the EM system, he needs to know exactly how many these hospitals can take.	0:21:52	f	0:20:51	0:19:32
1:00:33	Cruiser 11 airs that if there is a free car, they could use it behind the theater.	0:21:56	p	0:20:55	0:19:36
1:00:33	Jefferson airs on Blue SE that their Deputies will be switching over.	0:21:56	p	0:20:55	0:19:36
1:00:33	Rural-Metro airs to Medic 348 to start to theater staging routine.		f	0:20:55	0:19:36
1:00:38	Metro 11 airs that he is coming back and asks if he needs to come back for more. Cruiser 11 responds to come back for more I have two that need treated right away.	0:22:01	p	0:21:00	0:19:41
1:00:42	Dispatch airs asking for a patient count. Battalion 1 responds that he is trying to sort it out and uses an estimate of 20.	0:22:05	f	0:21:04	0:19:45
1:00:48	Metro 10 airs that we have been sending everyone to South, we need to start taking them to University.	0:22:11	p	0:21:10	0:19:51

Time	Activity	Elapsed		Police Tone	Fire Tone
1:00:52	Dispatch airs to units to start taking people to University and that there are ambulances from out of the City responding.	0:22:15	p	0:21:14	0:19:55
1:00:59	Dillard's Division airs to Command that he has Medic 102 can he have them transport his two red patients.	0:22:22	f	0:21:21	0:20:02
1:01:07	Battalion 1 airs in response to Dillard's Division's request, copy, set up an extrication, triage, treatment and if you can transport officer and airs for all divisions to set those positions up.	0:22:30	f	0:21:29	0:20:10
1:01:11	Dispatch airs to Lincoln 25 on PD-3 that Truck 2 and Engine 8 should be heading over to him.	0:22:34	p	0:21:33	0:20:14
1:01:25	Metro 10 airs for more cars in the back.	0:22:48	p	0:21:47	0:20:28
1:01:26	Engine 5 airs they are on scene on Sable right behind the theater, had a Police Officer run up to him with 9 patients behind the theater and asks if they should stay there or go with the Police Officer?	0:22:49	f	0:21:48	0:20:29
1:01:36	201A airs that they can take more at South but they are freaking out so we need to take them to other hospitals.	0:22:59	p	0:21:58	0:20:39
1:01:43	Metro 10 airs for cars just leaving to go to University.	0:23:06	p	0:22:05	0:20:46
1:01:53	Medic 103 airs on TAC 2 that they are following Truck 8 to the theater	0:23:16	f	0:22:15	0:20:56
1:02:00	201A airs that if cars are already on the way to South to send them there.	0:23:23	p	0:22:22	0:21:03
1:02:07	State airs to Dispatch on MetroNet that they have 3 Troopers coming.	0:23:30	p	0:22:29	0:21:10
1:02:10	Engine 2 airs they are arriving on scene.	0:23:33	f	0:22:32	0:21:13
1:02:13	Denver 310 on Blue SE asks for the location of the Command Post.	0:23:36	p	0:22:35	0:21:16
1:02:13	Battalion 1 airs to Engine 2 to go to the West Division, otherwise known as Century and Engine 8 will have an assignment, to park the rig in the lots and bring his crew and his kits.	0:23:36	f	0:22:35	0:21:16
1:02:21	Commerce City airs to Dispatch on MetroNet that they have 6 coming.	0:23:44	p	0:22:43	0:21:24
1:02:29	Dispatch airs on Blue SE to all responding agencies the location of the Command Post.	0:23:52	p	0:22:51	0:21:32
1:02:35	Metro 11 airs if he is needed on the east side, Metro 10 confirms the east side and states he has a bunch more shot.	0:23:58	p	0:22:57	0:21:38
1:02:37	Dispatch airs to Command asking if he copied Engine 5, Battalion 1 answers with "Copy", Dispatch asks if he wants Engine 5 to stay or continue on?	0:24:00	f	0:22:59	0:21:40
1:03:01	Medic 109 airs they are out.	0:24:24	f	0:23:23	0:22:04

Time	Activity	Elapsed		Police Tone	Fire Tone
1:03:07	Engine 5 airs to Command, they are on the east side of the theater, does he want them to attend to the patients on the east side. Battalion 1 asks them if they have 1 patient, correct?	0:24:30	f	0:23:29	0:22:10
1:03:11	Denver 532 on Blue SE airs that Aurora wants Denver Officers to contain all personnel in the parking lot and not let anyone leave.	0:24:34	p	0:23:33	0:22:14
1:03:12	Cruiser 10 airs to the guys in theater 9 that he is working on a backboard.	0:24:35	p	0:23:34	0:22:15
1:03:26	Denver 230 airs on Blue SE to get Officers on the exits from the parking lot.	0:24:49	p	0:23:48	0:22:29
1:03:30	Engine 5 airs to Battalion 1 that the Police Officer told him there was 9 patients.	0:24:53	f	0:23:52	0:22:33
1:03:36	Rural-Metro on RMA-1 confirms with Medic 106 that they are staging at Exposition and Sable.	0:24:59	f	0:23:58	0:22:39
1:03:37	Truck 2 airs to Command they are in the rear of the theater they have 9 shot if we can get any ambulances to stage on Sable, we can get them to the ambulances.	0:25:00	f	0:23:59	0:22:40
1:03:40	Denver TAC 21 airs on Blue SE that a Construction worker saw someone with a red back pack ran out of the parking lot headed towards Alameda.	0:25:03	p	0:24:02	0:22:43
1:03:50	Cruiser 10 airs for a car to the back of theater 9 for a transport immediately.	0:25:13	p	0:24:12	0:22:53
1:03:56	Metro 10 airs there is a critical patient en route to University with Metro 11.	0:25:19	p	0:24:18	0:22:59
1:03:57	Arapahoe Victor 81 airs on Blue SE that he is on Alameda.	0:25:20	p	0:24:19	0:23:00
1:03:58	Battalion 1 airs to stand by to let him get this sorted out and he will get with them, just hang on.	0:25:21	f	0:24:20	0:23:01
1:04:03	207 airs he is inbound University with a gunshot wound to the back.	0:25:26	p	0:24:25	0:23:06
1:04:19	230 airs on Blue SE that the suspect is an unknown race male dressed in black Came with a vest and multiple long guns.	0:25:42	p	0:24:41	0:23:22
1:04:25	Dispatch airs to Cruiser 49 on PD-3 that all mutual aid cars are on Channel Blue SE.	0:25:48	p	0:24:47	0:23:28
1:04:27	Battalion 1 airs to Dispatch if there is any other Chief responding, Dispatch responds negative, Battalion 1 asks for Chief 7.	0:25:50	f	0:24:49	0:23:30
1:04:29	Metro 10 airs he needs a status on University to see if they can keep taking patients.	0:25:52	p	0:24:51	0:23:32
1:04:42	203 airs he is loading one up right now to go to University.	0:26:05	p	0:25:04	0:23:45
1:04:47	Lincoln 41 airs on PD-3 asking if there is a Fire Command Officer that can meet him in front of the theater.	0:26:10	p	0:25:09	0:23:50

Time	Activity	Elapsed		Police Tone	Fire Tone
1:04:47	Battalion 1 airs to Truck 2 to join up with Engine 5 and makes them Sable Division, then announces to all that there are three Divisions and directs them to set up an Extrication, Triage, Treatment and Transport area within the Division, we will start there till we get more resources.	0:26:10	f	0:25:09	0:23:50
1:04:52	Medic 107 airs on RMA-1 that they are on scene.	0:26:15	f	0:25:14	0:23:55
1:05:26	Cruiser 10 airs for another car for transport to the back right now.	0:26:49	p	0:25:48	0:24:29
1:05:29	Dispatch airs to Century Command, Battalion 1 responds to avoid confusion, he will now be Aurora Mall Command. Dispatch tells him that the Police Lieutenant is requesting to meet him face to face in front of the theater and they are starting Chief 7.	0:26:52	f	0:25:51	0:24:32
1:05:34	Cruiser 10 airs one more critical en route to University with Gomez from Traffic.	0:26:57	p	0:25:56	0:24:37
1:05:44	Cruiser 49 airs to Dispatch on PD-3 that he assumes they are waking up everybody…Dispatch answers in the affirmative.	0:27:07	p	0:26:06	0:24:47
1:05:44	Rural -Metro on RMA-1 dispatches Medic 104 routine to staging at Exposition and Sable.	0:27:07	f	0:26:06	0:24:47
1:05:46	209 airs he is out at University.	0:27:09	p	0:26:08	0:24:49
1:05:51	Cruiser 10 airs for officers, when they come to the back for transport, to stay in their cars so they can load patients and get out of there.	0:27:14	p	0:26:13	0:24:54
1:05:51	Battalion 1 airs that he copies in response to the face to face meeting request.	0:27:14	f	0:26:13	0:24:54
1:05:59	Dillard's Division airs to Command they are sending two red patients off, on Medic 102 unknown hospital.	0:27:22	f	0:26:21	0:25:02
1:06:02	Metro 10 airs for Arapahoe Bomb Squad ASAP.	0:27:25	p	0:26:24	0:25:05
1:06:06	Dispatch airs to Lincoln 41 on PD-3 that the Fire Chief has been notified. Lincoln 41 confirms and reaffirms that the command is in front of the theater.	0:27:29	p	0:26:28	0:25:09
1:06:08	Arapahoe airs to Dispatch on Blue SE that they have a Denver car and a K-9 checking the area to the NE of the mall.	0:27:31	p	0:26:30	0:25:11
1:06:13	Metro 10 asks Dispatch to list plate 119ROC.	0:27:36	p	0:26:35	0:25:16
1:06:21	Dispatch airs the plate is clear and comes back to Paris St.	0:27:44	p	0:26:43	0:25:24
1:06:21	Truck 2 airs to Command that they are loading patients in the back of PD cars to get them transported, any ambulances they can get would be nice.	0:27:44	f	0:26:43	0:25:24
1:06:33	Medic 106 airs to Truck 2 where do you need us.	0:27:56	f	0:26:55	0:25:36
1:06:34	Cruiser 10 airs another car with 2 critical is en route to University.	0:27:57	p	0:26:56	0:25:37

Time	Activity	Elapsed		Police Tone	Fire Tone
1:06:38	Engine 7 on Dispatch clears their call, volunteers to respond to the theater and is sent by Fire Dispatch.	0:28:01	f	0:27:00	0:25:41
1:06:42	Medic 106 airs again, Truck 2 where do you need us for a patient No one answ+C381ers.	0:28:05	f	0:27:04	0:25:45
1:06:43	514 reports Englewood on scene	0:28:06	p	0:27:05	0:25:46
1:06:44	Dispatch airs to Arapahoe on MetroNet a request for their Bomb Squad.	0:28:07	p	0:27:06	0:25:47
1:06:50	Cruiser 10 reports there are enough people on foot, he needs others in cars to get people transported.	0:28:13	p	0:27:12	0:25:53
1:06:52	Battalion 1 airs asking how many ambulances he has and they need to all go to staging they are jumping in and out and he is not sure where anybody is.	0:28:15	f	0:27:14	0:25:55
1:07:00	L25 airs that he is assuming command and wants Englewood to segregate the witness in front.	0:28:23	p	0:27:22	0:26:03
1:07:02	Medic 102 airs to Rural-Metro that they are emergent to University with 3 Fire and 3 patients.	0:28:25	f	0:27:24	0:26:05
1:07:04	Denver 231 airs on Blue SE that he has a backpack on the SE side of the theater, suspect may have dumped it.	0:28:27	p	0:27:26	0:26:07
1:07:07	Dispatch airs to Battalion 1 that she does not know an exact count on ambulances, that they just advised her they are sending two more Pridemark units emergent and that he has every ambulance available in the City.	0:28:30	f	0:27:29	0:26:10
1:07:17	L25 airs he wants the lot locked down, no cars leaving.	0:28:40	p	0:27:39	0:26:20
1:07:17	Battalion 1 wants the ambulances to go to Exposition and Sable and asks for one of their supervisors (Rural-Metro) to go to the transport area so they can get a handle on ambulances and start sending them to each Division.	0:28:40	f	0:27:39	0:26:20
1:07:24	514 airs he is at Exposition and Sable and has Denver, Littleton, Englewood and Arapahoe and is sending them to the east side to transport.	0:28:47	p	0:27:46	0:26:27
1:07:26	Medic 109 airs on RMA-1 they are clear and heading back.	0:28:49	f	0:27:48	0:26:29
1:07:37	L25 redirects the Mutual Aid agencies to stage in the Dillard's lot and moved to the front of the theater to start segregating witnesses.	0:29:00	p	0:27:59	0:26:40
1:07:37	Dillard's Division airs to Battalion 1, that he has Medic 103 with a green patient, if he (Battalion 1) has 2 red patients they can take them, Battalion 1 responds "yes."	0:29:00	f	0:27:59	0:26:40
1:07:47	Medic 342 airs on RMA-1 that they are in the staging area.		f		
1:07:57	Metro 11 airs arrival at University.	0:29:20	p	0:28:19	0:27:00

Time	Activity	Elapsed		Police Tone	Fire Tone
1:08:02	Englewood airs to Dispatch on MetroNet that they were advised Aurora needed more medical units and offers theirs.	0:29:25	f	0:28:24	0:27:05
1:08:02	Englewood airs to Aurora on MetroNet asking if more medic units are needed. Aurora responds anything they have is much appreciated. They are directed to the east side of the Theater at Triage for transport to the hospitals.	0:29:25	f	0:28:24	0:27:05
1:08:04	Engine 7 airs to dispatch on dispatch that their patient refused and they are available to help out if needed, dispatch has them respond to the theater.	0:29:27	f	0:28:26	0:27:07
1:08:06	207 airs to call Children's and see if they will take people.	0:29:29	p	0:28:28	0:27:09
1:08:06	Battalion 1 airs to Dispatch to make sure all of the ambulances return to the staging area at Exposition and Sable, drop off their patients but we need a count so we don't overload University and South, he needs to know about the other area hospitals that are Level 1, and that no greens are to be transported at this time Dispatch advises that Rural Metro has a supervisor.	0:29:29	f	0:28:28	0:27:09
1:08:12	203 airs he has 3 wounded on board going to University.	0:29:35	p	0:28:34	0:27:15
1:08:18	202 airs he is en route University with 2 critical.	0:29:41	p	0:28:40	0:27:21
1:08:20	Medic 107 on RMA-1 airs they are in the staging area.	0:29:43	f	0:28:42	0:27:23
1:08:28	514 airs he has ambulances at Exposition and Sable.	0:29:51	p	0:28:50	0:27:31
1:08:32	Metro 10 orders the ambulances into the Sports Authority lot.	0:29:55	p	0:28:54	0:27:35
1:08:34	King 3 airs on PD-3 that he has parents showing up and asks if there is a list so he can direct them to the proper hospital. Dispatch replies there is no list.	0:29:57	p	0:28:56	0:27:37
1:08:43	Sable -Altura Station 41 contacts Fire Dispatch on Dispatch and advises they have been monitoring. Fire dispatch asks them to stage an ambulance in the North East portion of the City.	0:30:06	f	0:29:05	0:27:46
1:08:50	Victor 50 airs he is freeing up officers inside and asks if there is someone outside they can rally with to start interviews.	0:30:13	p	0:29:12	0:27:53
1:08:52	Dillard's Division airs to Battalion 1 asking if he has an assignment for 103 who can take 2 red patients, Battalion 1 sends them to Century Division.	0:30:15	f	0:29:14	0:27:55
1:09:00	Dispatch airs asking Lincoln 25 if he wants all available PD to meet him at the Dillard's lot, he wants all available PD cars to stage in the Dillard's lot and have all agencies to the front to start segregating people.	0:30:23	p	0:29:22	0:28:03
1:09:19	Engine 5 airs to Battalion 1 that they have transported 7 patients, are on their 8th and police say there may be a number of people dead inside	0:30:42	f	0:29:41	0:28:22

Time	Activity	Elapsed		Police Tone	Fire Tone
	theater.				
1:09:26	Tower 6 airs to Fire Dispatch on Dispatch that they are available.	0:30:49	f	0:29:48	0:28:29
1:09:31	Cruiser 25 airs he will be out front with the Denver and Englewood officers moving to the front of the theater.	0:30:54	p	0:29:53	0:28:34
1:09:31	Dispatch airs on Blue SE for any unit that can clear to check an unknown problem on South Moline St, of 3 people dragging a person into a vehicle.	0:30:54	p	0:29:53	0:28:34
1:09:39	Cruiser 10 asks for CSI to respond.	0:31:02	p	0:30:01	0:28:42
1:09:42	Battalion 1 states if they are dead to leave them since we are in a mass casualty and to make sure they set up a transport officer that can contact the hospitals so they don't overload one.	0:31:05	f	0:30:04	0:28:45
1:09:49	Yankee 46 answers for CSI and is sent to the Dillard's lot.	0:31:12	p	0:30:11	0:28:52
1:09:57	Metro 10 airs he is sending another victim with the other CSI truck.	0:31:20	p	0:30:19	0:29:00
1:10:02	Denver Zebra 54 and then Denver 161 volunteer to check the Moline St incident.	0:31:25	p	0:30:24	0:29:05
1:10:06	Dispatch airs to Battalion 1 that ambulances are returning to the staging area	0:31:29	f	0:30:28	0:29:09
1:10:10	Rural-Metro airs to Medic 341 on RMA-1 to start routine to staging.	0:31:33	f	0:30:32	0:29:13
1:10:14	Metro 10 asks if AIP (University) can still accept patients… Dispatch answers AIP will still take them	0:31:37	p	0:30:36	0:29:17
1:10:15	Battalion 1 asks if there is anyone else in the area they can contact such as Cunningham or AMR.	0:31:38	f	0:30:37	0:29:18
1:10:22	Metro 10 airs that he is sending one more to AIP non-critical.	0:31:45	p	0:30:44	0:29:25
1:10:25	Lincoln 25 airs to have other agencies respond with their gas masks in case they need to go inside.	0:31:48	p	0:30:47	0:29:28
1:10:31	Medic 109 airs they are back en route, ETA 5 minutes.	0:31:54	f	0:30:53	0:29:34
1:10:40	Dispatch airs that Children's can take 1 patient only.	0:32:03	p	0:31:02	0:29:43
1:10:41	Dispatch airs they are working on trying to find additional transport rigs.	0:32:04	f	0:31:03	0:29:44
1:10:47	Tower 6 airs to Dispatch that they got something on the MDC and asks if they should disregard, Dispatch affirms to disregard, states they are working multiple gunshot victims from Century Theaters but for now they have enough rigs up there.	0:32:10	f	0:31:09	0:29:50
1:10:51	Engine 4 airs to Command if the Century Division is on the Northwest or Southwest, Battalion 1 states it is Northwest, to park out by the circle and bring their prams up to the scene.	0:32:14	f	0:31:13	0:29:54

Time	Activity	Elapsed		Police Tone	Fire Tone
1:10:57	Denver 316 airs on Blue SE that he was told there are employees still in the break room in the theater.	0:32:20	p	0:31:19	0:30:00
1:11:16	Medic 402 airs to Command if staging is at Sable and Exposition or Sable and Center Point, Battalion 1 states Sable and Exposition and that the Divisions will call in ambulances through him.	0:32:39	f	0:31:38	0:30:19
1:11:18	South Metro Fire District airs to Dispatch on MetroNet that they have 2 Medic units en route and asks for a Channel to use.	0:32:41	f	0:31:40	0:30:21
1:11:29	Cruiser 45 airs out at Children's.	0:32:52	p	0:31:51	0:30:32
1:11:39	514 asks for a press location and what to do with family members, he already has some trying to get in.	0:33:02	p	0:32:01	0:30:42
1:11:42	Medic 105 airs they are en route to South with no Fire.	0:33:05	f	0:32:04	0:30:45
1:11:49	Denver Truck 19 airs on Blue SE that they are at the Command Post waiting for an assignment.	0:33:12	f	0:32:11	0:30:52
1:11:55	Chief 7 airs he is en route.	0:33:18	f	0:32:17	0:30:58
1:11:57	303 airs that South can take anybody that is critical.	0:33:20	p	0:32:19	0:31:00
1:11:57	Denver Fire Truck 19 airs on Blue SE that they are at the command Post waiting for an assignment.	0:33:20	f	0:32:19	0:31:00
1:12:02	Battalion 1 airs to Chief 7 the Command Post is set up just north of the Century Theaters, that is where they will do a face to face and try to get this straightened out. So far it is running pretty smooth.	0:33:25	f	0:32:24	0:31:05
1:12:12	203 airs he has 1 critical and 2 non critical coming into the emergency room at University.	0:33:35	p	0:32:34	0:31:15
1:12:26	Cruiser 11 airs he has about 15 Denver Officers coming around to the front to help with witnesses.	0:33:49	p	0:32:48	0:31:29
1:12:29	Medic 107 airs to Battalion 1 that there are 3 ambulances at Sable and Exposition.	0:33:52	f	0:32:51	0:31:32
1:12:40	Medic 101 airs on RMA-1 that they are back on scene.	0:34:03	f	0:33:02	0:31:43
1:12:42	Lincoln 25 airs he needs a Fire Command Officer at the front doors right now.	0:34:05	p	0:33:04	0:31:45
1:12:46	Engine 2 airs to Battalion 1.	0:34:09	f	0:33:08	0:31:49
1:12:49	Battalion 1 airs to standby then airs to ambulances in staging, asking if there is a supervisor there yet, medic 402 is the supervisor.	0:34:12	f	0:33:11	0:31:52
1:12:51	Lincoln 25 airs that family and press should go to the Dillard's lot. Dispatch airs there are already a lot of cars there. 514 suggests Wal-Mart.	0:34:14	p	0:33:13	0:31:54
1:13:06	Parker airs to Dispatch on MetroNet that they have a couple of units en route.	0:34:29	p	0:33:28	0:32:09
1:13:09	Battalion 1 asks for 3 ambulances to the North side and report to Century Division.	0:34:32	f	0:33:31	0:32:12
1:13:21	Lincoln 25 airs to have Arapahoe County start taking	0:34:44	p	0:33:43	0:32:24

Time	Activity	Elapsed		Police Tone	Fire Tone
	some of Aurora's calls.				
1:13:28	206 airs if there are any more people that need transport.	0:34:51	p	0:33:50	0:32:31
1:13:30	Engine 7 airs to Battalion 1 that they are arriving, he directs them to staging at Expositions and Sable and he will give them directions in a minute.	0:34:53	f	0:33:52	0:32:33
1:13:42	Dispatch airs to Battalion 1 that AMR, West Metro and Denver Paramedics are sending ambulances and PD is requesting him to the front of the theater to meet with the Lieutenant.	0:35:05	f	0:34:04	0:32:45
1:13:43	Medic 342 airs on RMA-1 that they are emergent to Swedish with 2 patients and 1 Fire.	0:35:06	f	0:34:05	0:32:46
1:13:56	Battalion 1 airs to Dispatch that he is trying to get there (To the PD) but right now he has Police Officers and everybody else coming up to him so to tell them to hang on.	0:35:19	f	0:34:18	0:32:59
1:13:59	Cruiser 11 airs that there is no one needing transport from the back of the theater or theater 9.	0:35:22	p	0:34:21	0:33:02
1:14:03	Denver TAC 4 airs on Blue SE that the inside of the theater is cleared and are now working on the cars in the lot.	0:35:26	p	0:34:25	0:33:06
1:14:10	Metro 10 airs that the last victim has gone to Children's.	0:35:33	p	0:34:32	0:33:13
1:14:10	Engine 2 airs to Century Division asking if he needs help, if not they will go help Truck 2. Century Division has him send the Engine 8 partial crew back to their rig and has Engine 2 go help Truck 2.	0:35:33	f	0:34:32	0:33:13
1:14:19	Medic 348 airs on RMA-1 that they are at the staging area.	0:35:42	f	0:34:41	0:33:22
1:14:47	Medic 101 airs he is on scene, north west corner.	0:36:10	f	0:35:09	0:33:50
1:14:48	Metro 10 airs the last victim went to Children's in the CSI truck and that Fire is checking the remaining victims in theater 9 but he does not think any will be transported.	0:36:11	p	0:35:10	0:33:51
1:14:52	Unknown on Blue SE airs that Triage is down to about 6 patients that need to be transported.	0:36:15	p	0:35:14	0:33:55
1:14:53	Dispatch airs to Battalion 1 that Children's can take 1 critical, 2 non critical.	0:36:16	f	0:35:15	0:33:56
1:14:57	201A airs on TAC-11 for information only that he has an adult male on board and is en route to District 2.	0:36:20	p	0:35:19	0:34:00
1:15:02	Littleton airs to Dispatch on MetroNet that their officers are on scene with a male in the parking lot having difficulty breathing.	0:36:25	p	0:35:24	0:34:05
1:15:05	CR10 airs that he has a platoon of Denver guys that are going to sweep north to south and clear all the cars. SWAT5 airs that has already been done and send them across the ring road to clear the cars over there.	0:36:28	p	0:35:27	0:34:08

Time	Activity	Elapsed		Police Tone	Fire Tone
1:15:05	Dillard's Division airs that he has Cunningham 61 on south west side but Dillard's has no one that needs transport. Dispatch advises that Littleton PD officers have a patient.	0:36:28	f	0:35:27	0:34:08
1:15:09	Medic 109 airs on RMA-1 that they are staged.	0:36:32	f	0:35:31	0:34:12
1:15:17	Denver Zebra 54 airs on Blue SE that the Moline address checks clear.	0:36:40	p	0:35:39	0:34:20
1:15:31	Metro 13 airs that the suspect said he had explosives at his house.	0:36:54	p	0:35:53	0:34:34
1:15:36	Metro 10 asks dispatch to send the suspects address to his computer, but not to send that information over the air.	0:36:59	p	0:35:58	0:34:39
1:15:41	Denver 531 on Blue SE asks for clarification on what to do with the people if we are grouping them in one location.	0:37:04	p	0:36:03	0:34:44
1:15:47	Medic 341airs on RMA-1 that they are on scene.	0:37:10	f	0:36:09	0:34:50
1:16:00	Metro 10 asks for undercover officers so he can send them to the suspect's house.	0:37:23	p	0:36:22	0:35:03
1:16:01	Truck 2 airs that they have been in the Theater, met with the Lieutenant and there are 10 Black in there.	0:37:24	f	0:36:23	0:35:04
1:16:18	Truck 2 airs all the patients are transported from the rear of the structure, they are going to make their way to help others.	0:37:41	f	0:36:40	0:35:21
1:16:27	303 airs South can take any victims.	0:37:50	p	0:36:49	0:35:30
1:16:31	Battalion 1 airs to Truck 2 to just stay on the East side with engine 5, he does not need people jumping through Divisions so he can keep it straight.	0:37:54	f	0:36:53	0:35:34
1:16:38	Metro 10 airs to 303 to stay at the hospital for security.	0:38:01	p	0:37:00	0:35:41
1:16:42	Truck 2 airs to Battalion 1 that the PD wants them out because of the perp's car and they are checking for devices.	0:38:05	f	0:37:04	0:35:45
1:16:47	Victor 50 airs asking if more Officers are needed at University.	0:38:10	p	0:37:09	0:35:50
1:16:58	Denver 670 airs on Blue SE to all Denver Officers to clear the east side of the theater for a possible bomb.	0:38:21	p	0:37:20	0:36:01
1:16:58	Chief 7 is on scene.	0:38:21	f	0:37:20	0:36:01
1:17:00	209 airs when he left University it was only 2 CUPD Officers.	0:38:23	p	0:37:22	0:36:03
1:17:05	Metro 11 airs he is at University and can use a few more Officers he has 7 or 8 patients there.	0:38:28	p	0:37:27	0:36:08
1:17:12	Engine 5 airs to Battalion 1 that he has Engine 5, Truck 2 and Denver Engine 19 on the North and East side of the theater.	0:38:35	f	0:37:34	0:36:15
1:17:15	Cruiser 11 clears the back of theater for a possible device and asks for the Bomb Squad.	0:38:38	p	0:37:37	0:36:18
1:17:27	Dispatch airs for all officers to clear the rear of the	0:38:50	p	0:37:49	0:36:30

Time	Activity	Elapsed		Police Tone	Fire Tone
	theater for a possible device.				
1:17:38	Dispatch airs to units at the mall that they have AMR, West Metro, and other units en route.	0:39:01	f	0:38:00	0:36:41
1:17:39	Dispatch airs on Blue SE to have all units clear east of the theater Bomb Squad is clearing the suspect vehicle.	0:39:02	p	0:38:01	0:36:42
1:17:44	Cruiser 10 airs that SWAT has the interior secure and has masks so all officers without masks can clear the building.	0:39:07	p	0:38:06	0:36:47
1:18:01	Metro 10 airs he is sending Narcs to the suspect address to do surveillance, he has three Officers finishing clearing the lot and he will need a lot of Crime Scene tape.	0:39:24	p	0:38:23	0:37:04
1:18:07	Battalion 1 airs to the East Division to evacuate all personnel, Fire and Civilians from the East side of the theater, move them to Alameda and Sable, there may be some type of secondary device.	0:39:30	f	0:38:29	0:37:10
1:18:14	Arapahoe confirms to Dispatch on MetroNet that their Bomb Squad is en route and the ETA is 30 minutes.	0:39:37	p	0:38:36	0:37:17
1:18:20	Englewood airs to Dispatch on MetroNet asking if all Officers were supposed to clear the east side of the parking lot since she has officers clearing cars there. Dispatch confirms this due to a possible device.	0:39:43	p	0:38:42	0:37:23
1:18:29	217 airs to Lincoln 25 if an area can be set up are just for the people in theater 9.	0:39:52	p	0:38:51	0:37:32
1:18:41	Medic 103 airs that they are emergent with three patients to Denver Health.	0:40:04	f	0:39:03	0:37:44
1:18:43	Lincoln 25 airs to go through the crowd and segregate people in 8 and 9 from everyone else.	0:40:06	p	0:39:05	0:37:46
1:18:55	Engine 5 airs they are already relocated to the North side, the Police had already notified them of the vehicle.	0:40:18	f	0:39:17	0:37:58
1:19:00	Cruiser 25 airs to 217 and all others to have theater 9 people go to the north end by the fire truck.	0:40:23	p	0:39:22	0:38:03
1:19:04	Dispatch again airs on Blue SE co clear out from the east side of the theater.	0:40:27	p	0:39:26	0:38:07
1:19:15	Dispatch airs to Lincoln 25 that they have witness who have left, are not injured but do have blood splatter on them.	0:40:38	p	0:39:37	0:38:18
1:19:19	Lincoln 41 airs on PD-3 that we have enough officers from the metro response and any others calling in, we have enough officers on scene.	0:40:42	p	0:39:41	0:38:22
1:19:22	Buckley Engine 1 airs to Aurora Command.	0:40:45	f	0:39:44	0:38:25
1:19:27	Battalion 1 airs to Dispatch to have all incoming units go to staging and as soon as he gets Chief 7, they can start changing channels.	0:40:50	f	0:39:49	0:38:30
1:19:31	201A airs on TAC-11 for information only that he is	0:40:54	p	0:39:53	0:38:34

Time	Activity	Elapsed		Police Tone	Fire Tone
	out at District 2 with the Suspect.				
1:19:43	Dispatch directs Buckley Engine 1 to staging.	0:41:06	f	0:40:05	0:38:46
1:19:50	Buckley airs they are responding with 1 Engine and 2 ALS.	0:41:13	f	0:40:12	0:38:53
1:19:53	Cruiser 10 airs to have the witness who have left, return and go to the north side by the fire truck.	0:41:16	p	0:40:15	0:38:56
1:19:58	Arapahoe airs to Dispatch on Blue SE that they have two jail transport vans available.	0:41:21	p	0:40:20	0:39:01
1:20:11	Battalion 1 sends Truck 2 to the front of the Theater to assist PD with ventilation.	0:41:34	f	0:40:33	0:39:14
1:20:33	Denver 353 on Blue SE asks if Denver Air 1 is still available, Denver Dispatch responds it is down but they can call them out.	0:41:56	p	0:40:55	0:39:36
1:20:51	Dispatch airs to Arapahoe on Blue SE that they will take the transport vans.	0:42:14	p	0:41:13	0:39:54
1:21:02	Medic 106 airs to Aurora on Dispatch that the Denver EMS Captain was wondering if this would be switched to a Mutual Aid channel so their (Denver's) Ambulances could communicate.	0:42:25	f	0:41:24	0:40:05
1:21:10	Dispatch airs that there are no more victims to be transported by PD, rescue may have some but they do not need PD to transport.	0:42:33	p	0:41:32	0:40:13
1:21:37	Arapahoe airs to Dispatch on Blue SE that their Bomb Squad is en route.	0:43:00	p	0:41:59	0:40:40
1:21:39	Dispatch airs to all agencies on MetroNet that we have enough officers on scene, that if their Officers are not on scene, they can go available, and thanks them for their assistance.	0:43:02	p	0:42:01	0:40:42
1:22:23	Dispatch airs on PD-3 that there is a possible device on the east side of the theater and asks any cars on the east side to stage to the north.	0:43:46	p	0:42:45	0:41:26
1:22:27	Transport 22 airs he is on his way to University with a victim, noncritical.	0:43:50	p	0:42:49	0:41:30
1:22:37	Battalion 1 asks for an alert tone and airs to all AFD units to report to their Division Leader and sit tight, and all ambulances not being used to report to staging at Exposition and Sable.	0:44:00	f	0:42:59	0:41:40
1:22:48	Medic 105 airs on RMA-1 that they are back on scene and staged.	0:44:11	f	0:43:10	0:41:51
1:22:53	Denver airs on Blue SE that they are calling out Denver Air 1.	0:44:16	p	0:43:15	0:41:56
1:22:59	SWAT 4 airs Denver has cleared the cars on the south side.	0:44:22	p	0:43:21	0:42:02
1:23:35	Dispatch airs that they still need additional units at University.	0:44:58	p	0:43:57	0:42:38
1:24:27	Metro 10 airs to the people with key witnesses inside to get suspect descriptions, we originally got conflicting information and we need to make sure they are not looking for anyone else.	0:45:50	p	0:44:49	0:43:30

Time	Activity	Elapsed		Police Tone	Fire Tone
1:24:28	Dispatch airs to Battalion 1 that she has multiple agencies on Red SE that are unable to monitor Aurora TAC 2.	0:45:51	f	0:44:50	0:43:31
1:24:44	Battalion 1 airs and asks if Engine 7 is at Exposition and Sable. Battalion 1 assigns Engine 7 to be in charge of Staging on TAC 3.	0:46:07	f	0:45:06	0:43:47
1:25:19	Lincoln 25 on PD-3 asks for the Red Cross to respond.	0:46:42	p	0:45:41	0:44:22
1:25:28	Medic 107 airs on RMA-1 that they transporting emergent 1 to Swedish.	0:46:51	f	0:45:50	0:44:31
1:25:31	Edward 10 airs on Vice-2 to have undercover personnel check for the suspects address on both North and South Paris St.	0:46:54	p	0:45:53	0:44:34
1:25:40	Buckley Engine 1 staged.	0:47:03	f	0:46:02	0:44:43
1:25:54	207 airs that he has a wounded person with shrapnel in his face and is looking for an ambulance. A Broomfield Officer will take him to ambulances on the ring road.	0:47:17	p	0:46:16	0:44:57
1:26:00	207 airs he has a wounded person in with the victims and asks for an ambulance location	0:47:23	p	0:46:22	0:45:03
1:27:04	Lincoln 41 airs on PD-3 that he is still waiting for the Fire Commander, he needs to talk to him. Dispatch responds that Truck 2 should be with him.	0:48:27	p	0:47:26	0:46:07
1:27:34	Dispatch airs to Battalion 1 that a PD Lieutenant is again requesting a Fire Chief to the front of the Theater.	0:48:57	f	0:47:56	0:46:37
1:27:51	Truck 2 airs they are with the Police Lieutenant.	0:49:14	f	0:48:13	0:46:54
1:27:54	Lincoln 25 airs to Lincoln 41 that he has Fire Command coming with Lincoln 25 to Lincoln 41.	0:49:17	p	0:48:16	0:46:57
1:28:11	Chief 7 will be the liaison with PD, once he meets, we may change the Command structure.	0:49:34	f	0:48:33	0:47:14
1:28:29	Edward 10 airs on Vice-2 that the address is North Paris St and sends the undercover officers there.	0:49:52	p	0:48:51	0:47:32
1:28:30	301 airs that the lot directly in front of the theater has been cleared.	0:49:53	p	0:48:52	0:47:33
1:28:47	Edward 10 airs on Vice-2 that it is probably a high rise and that the suspect stated there are devices inside.	0:50:10	p	0:49:09	0:47:50
1:28:48	Engine 5 reports on the north side of the theater they have Denver truck 19, Denver Engine 19 and their Chief 4, Engine 5 is the only unit in East Division.	0:50:11	f	0:49:10	0:47:51
1:28:58	Victor 42 airs on Vice-2 that he has Denver gang unit on the phone and asks if there is a need for Uniformed Officers on Paris. Edward 10 responds not yet in case there is another suspect he does not want the uniforms to scare him off.	0:50:21	p	0:49:20	0:48:01
1:29:11	Battalion 1 responds to Engine 5 saying Denver is	0:50:34	f	0:49:33	0:48:14

Time	Activity	Elapsed		Police Tone	Fire Tone
	with you, is that what I am hearing?				
1:29:16	Engine 5 responds that they have not been able to get close to the theater so they are staged right there.	0:50:39	f	0:49:38	0:48:19
1:29:18	Metro 10 airs asking for the Mobile Command Post, 442 airs she is bringing it.	0:50:41	p	0:49:40	0:48:21
1:29:23	Battalion 1 tells Engine 5 that he is keeping Engine 5 in charge of East Division and that all those rigs are supposed to go to Staging at Exposition and Sable.	0:50:46	f	0:49:45	0:48:26
1:29:40	Engine 5 tells Battalion 1 that Denver stated they cannot get to Expositions and Sable to stage.	0:51:03	f	0:50:02	0:48:43
1:30:04	Medic 102 airs on RMA-1 that they are staged.	0:51:27	f	0:50:26	0:49:07
1:30:29	Dispatch airs on PD-3 if anyone knows where the parents of Victims should go?	0:51:52	p	0:50:51	0:49:32
1:30:44	Chief 7 airs to Battalion 1 that he will be Liaison and that he needs 3 to 5 paramedics to go in with Police to survey the blacks and possibly turn them into an extraction team right away. He needs them in front of the theater.	0:52:07	f	0:51:06	0:49:47
1:30:52	Victor 65 airs on Vice-2 that he is at the building now.	0:52:15	p	0:51:14	0:49:55
1:31:10	Engine 5.2 calls Staging asking for routing for Denver 19.	0:52:33	f	0:51:32	0:50:13
1:31:24	Battalion 1 copies Chief 7 and has Century Division sending 3 to 4 medics.	0:52:47	f	0:51:46	0:50:27
1:31:36	Cruiser 49 airs on Blue SE that anybody who saw the shooter or it unfold is being held in case someone else needs to talk to them.	0:52:59	p	0:51:58	0:50:39
1:32:13	Cruiser 49 on Blue SE airs for the parents to go to the Command Post.	0:53:36	p	0:52:35	0:51:16
1:32:15	South Metro Battalion 32 on TAC 3 calls for Aurora Staging Officer, Dispatch answers for staging and is on scene with three South metro Medic Units.	0:53:38	f	0:52:37	0:51:18
1:32:24	Cruiser 49 on Blue SE airs for additional officers to go to the Command Post to help with the parents and to provide security for the Command Post.	0:53:47	p	0:52:46	0:51:27
1:32:33	Chief 3 airs he is on scene at the mall and asks for Aurora Command's location.	0:53:56	f	0:52:55	0:51:36
1:33:02	Medic 104 airs on RMA-1 that they are routine to Parker with 1 green patient.	0:54:25	f	0:53:24	0:52:05
1:33:20	Lincoln 25 airs asking to have the Primary Channel merged with Blue SE and believes that Lakewood has that capability.	0:54:43	p	0:53:42	0:52:23
1:34:30	Dispatch airs on Blue SE that they are patching Blue SE with the Primary Channel.	0:55:53	p	0:54:52	0:53:33
1:35:00	Engine 7 Staging Command reports on TAC 3 he has 18 available ambulances at that time and has 2 South Metro, 1 Buckley AFB Fire Truck along with Engine 7.	0:56:23	f	0:55:22	0:54:03

Time	Activity	Elapsed		Police Tone	Fire Tone
1:36:10	Chief 7 on TAC 3 cancels entry into the theater because other Fire Personnel have swept and confirmed the patients black but is keeping the crew because of a possible device and Truck 2's crew is inside waiting on ventilation.	0:57:33	f	0:56:32	0:55:13
1:36:30	Dispatch airs to Lakewood on MetroNet asking if they can patch Blue SE with Aurora PD-2, Lakewood responds that they do not have that capability.	0:57:53	p	0:56:52	0:55:33
1:36:47	Arapahoe 1Charlie4 airs on Blue SE that there is an open door on the mall on the east side by the food court.	0:58:10	p	0:57:09	0:55:50
1:37:14	Denver TAC 8 airs that all the Denver TAC cars are on the mall and asks for a K-9 to start the search.	0:58:37	p	0:57:36	0:56:17
1:37:27	Chief 3 calls Chief 7 on TAC 3 and asks if he is Liaison with Police and helping with Staging.	0:58:50	f	0:57:49	0:56:30
1:37:28	Victor 42 airs on Vice-2 that SWAT is on its way to Paris St as is the Narc Lt.	0:58:51	p	0:57:50	0:56:31
1:37:32	Adam 92, PIO, airs he is out.	0:58:55	p	0:57:54	0:56:35
1:37:44	Chief 3 stated negative with staging because the Watch commander wanted a Chief Officer with him. States a possible secondary device in an SUV in front of theater and possible device inside.	0:59:07	f	0:58:06	0:56:47
1:37:52	Battalion 1 contacts Dillard's Command and checks status. Engine 4 relates they have checked the parking lot and have no patients.	0:59:15	f	0:58:14	0:56:55
1:38:01	Dispatch airs on Blue SE to any unit not on an assignment to go to the mall food court for an open door.	0:59:24	p	0:58:23	0:57:04
1:38:08	L25 airs that he wants a minimum of four officers at each hospital.	0:59:31	p	0:58:30	0:57:11
1:38:17	Metro 11 airs that University is good, they have 4.	0:59:40	p	0:58:39	0:57:20
1:38:42	Chief 3 confirms with Chief 7 to stay in his assignment and Chief 3 will assist with Command.	1:00:05	f	0:59:04	0:57:45
1:39:09	303 confirms 4 officers at Aurora South.	1:00:32	p	0:59:31	0:58:12
1:39:11	Jefferson County airs to Aurora on Blue SE that they have a Bomb Dog en route.	1:00:34	p	0:59:33	0:58:14
1:39:22	University Command 1 sends Officers to cover Children's hospital since there were not enough APD officers there. 201 also responds.	1:00:45	p	0:59:44	0:58:25
1:40:14	Metro 10 airs for any officer to advise if media was on-scene. Metro 24 answers Media is on the far east side of Sable.	1:01:37	p	1:00:36	0:59:17
1:41:15	Battalion 1 airs to Truck 2 asking if all the patients in the theater are black. Truck 2 confirms all are black.	1:02:38	f	1:01:37	1:00:18
1:41:59	Rural-Metro airs on RMA-1 to ambulance coming back in service that at this time they do not need any more assistance at the scene.	1:03:22	f	1:02:21	1:01:02

Communications uses MetroNet and CLEER to talk to other agency's communications centers.
Police Use PD-1, PD-2 and PD-3 for primary Dispatch and Communications and Blue SE for Mutual Aid.
Fire uses Dispatch as their dispatching channel, TAC 1-4 for operations and Red SE for Mutual Aid.