

WHEN THE USE OF A FLASH/SOUND DIVERSIONARY DEVICE GOES WRONG

By Larry Gleba, Jr.

Note: The NTOA Less-Lethal Section does not recommend the use of disintegrating body or side port flash/sound diversionary devices. This tragic incident reinforces why.

Sgt. Don Whitson, NTOA Less-Lethal Section Chair

In August 2002, I was a two-year veteran of the Newport News (VA) Police Department's Tactical Operations Unit. I had worked my way up from rearguard/grenadier to one of the shield barrier/pointman positions. During those two years, I had been on several operations where flash/sound diversionary devices (FSDDs) were deployed as a means of distraction upon entering a target environment. I became acclimated as to what to expect when the pin was pulled and the device was sent on its way. There had never been a mishap or injury that I knew of with an FSDD in Newport News until August 27, 2002.

On that day, the tactical operations unit was mobilized to assist the homicide unit with a search warrant for subjects who had committed a brutal murder in North Carolina and then fled to a family member's home in Newport News. During the manhunt, information was

received and confirmed from a reliable source that both subjects were holed up in the home of one of their mothers. Based upon the intelligence, a homicide detective obtained a search warrant. As outlined in departmental policy, the service of the search warrant was placed into the hands of the tactical team. As with any "strategic" mission, there is a need for an operational plan of action to include an operational briefing.

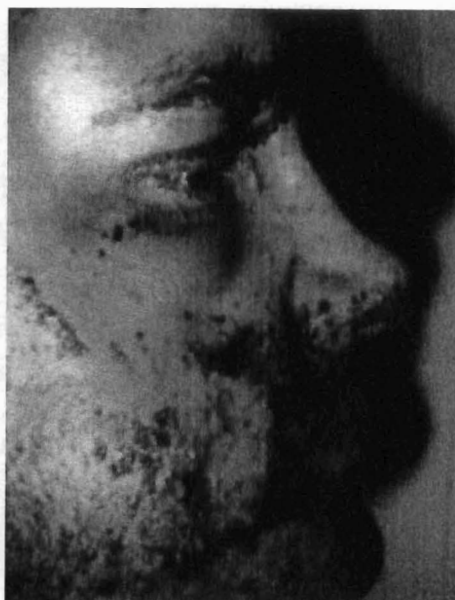
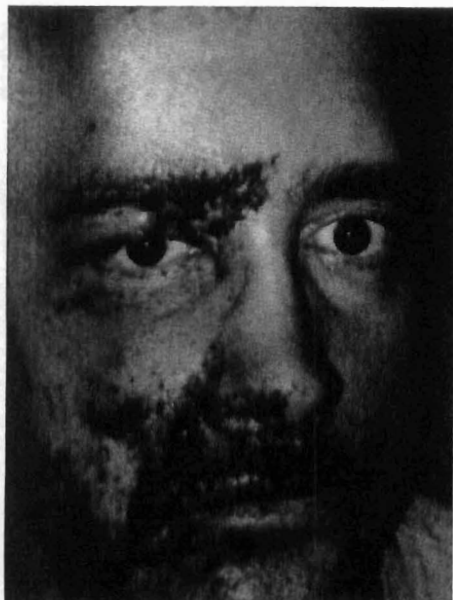
Once our team was assembled at the briefing location, we were told of the specifics surrounding the search warrant and the need for SWAT. Team members deployed and set up in a parking lot near the location. The idea was to lure the subject's mother out of the house by telling her that her other son, who was in the city jail for some violent offenses, was ill and on his way to the hospital. This was done as a means to reduce any risk of injury to her as well as the possibil-

ity of her being taken hostage upon the service of the search warrant. The call was placed and she was observed leaving the residence. Once she was out of the area, she was stopped by a patrol unit and detained not only for safekeeping, but to eliminate the possibility of her calling the target of the warrant or returning upon the team's entry.

With the mother safely in the hands of patrol, the order to serve the warrant was given. The team made its approach to the house, breached the front door and deployed an FSDD.

After the device went off, the team entered and began to search the first floor while another team member held on a set of stairs that led to the upper part of the residence. When the "all clear" of the lower level was announced, the other members and I made our way up and began our search. We searched every nook and cranny, but no suspects.

As I turned around, I noticed that the door to an attic crawl space was partially opened and it sounded like someone was up there. We issued verbal commands that if anyone was in the attic, he was to come down with hands in the air. After a few minutes and no response, a team leader asked who had an FSDD, and I



The author was seriously injured when an FSDD device detonated near his head after rolling out of an attic crawl space. He was quickly rushed to a local trauma center for medical attention.

immediately volunteered mine. What happened next would forever change the way our team and agency deployed FSDDs into an elevated position or environment.

After receiving the go-ahead, I reached into my FSDD holder, pulled the pin and lobbed it into the darkness of the attic. Immediately upon its entry, I heard it hit something. I looked up and there it was, rolling back out. I yelled something along the lines of, "Flashbang back!" As I turned to move out of its way, I grabbed a fellow teammate and pushed him into a bedroom and out of harm's way. As I did this, the device rolled out of the crawl space, hit a metal banister, flipped and landed on my right shoulder, where it detonated. Just before it went off, I turned my head, let my UMP-45 hang and braced for the worst. For a brief moment, time stood still and it was lights out for me for a second or two.

When I came to, I knew that I was hurt, and hurt very badly. I could feel and see the blood gushing from my face. I looked down and could see that the right sleeve of my Nomex flight suit was completely shredded and that I had extensive damage to my right arm from the

wrist to the upper part of my shoulder. I also noticed a profound ringing in my right ear.

I then crawled to the bedroom where I had shoved my teammate. He was propped up against the bed with shrapnel damage to his legs, unable to move. Without thinking, I pulled myself up on the banister and began to make my way towards him. I was then stopped by another teammate who told me I was hurt badly and that I needed to get out and get help. With that, I was led out of the house to a safe location where a member began administering first aid.

As I lay on the ground, I realized again how badly I was hurt. I heard one of my teammates screaming for medics over the radio. I was then scooped up and rushed to one of our local trauma centers.

At the hospital, it took seven hours to reconstruct the right side of my face. A burn specialist was brought in to treat and pick out shrapnel from my right arm. The blast and disbursement of shrapnel from the device had ripped the right side of my face apart like a meat grinder and blew holes in my right arm so big and deep that I could actually see tendons and muscles.

The blast also ruptured my right eardrum and broke two of my hearing bones. The injuries I sustained kept me out of work for a little over seven months. Before going back to work, I underwent reconstructive ear surgery.

After that surgery and burn therapy treatment for my arm, and with the assistance of a hearing aid, I went back to full duty and returned to the team. After my initial ear surgery, I developed some complications and underwent two additional surgeries with the last one taking place in 2008.

Lessons learned

Obviously we learned the hard way that our team has come a long way since the incident. We have improved our training, our tactics and our equipment inventory.

Training: As with many tactical teams across the country ten years ago, we had limited training on the use of distraction devices. After this incident, we sought out instructor level training in the use of distraction devices. We now have a team trainer who is a certified instructor in the use of diversionary and gas deployment devices.

Tactics: Going into a structure we are unfamiliar with to confront an armed violent felon is generally our last option (other than for hostage rescue). The two best options for proceeding in an incident of this nature are a surround and call out or a breach and hold. If we conducted a breach and hold, we would port windows as well if that is an option.

The use of a distraction device would be an option either at the breach point or other location in or around the structure. Once our position is secure, the team would begin searching with the throwbot and pole camera, prior to moving team members into harm's way.

Since the incident I described, we changed where, when and how we use distraction devices. Our team only conducts sighted deliveries, whether it is a hand deployment or a bangpole deployment. An unsighted delivery can cause injury to anyone involved in the incident; an innocent bystander, the tactical officers or the suspect. We are also much more cautious about the locations in which we deploy distraction devices. An environment filled with combustible materials is a catastrophe waiting to happen.

Equipment: As a result of the incident, the department purchased a bangpole for elevated deployments of FSDDs. Still, the method of the deployment does not change our requirement to always use a sighted delivery.

We discontinued the use of the Omni Blast 100, the FSDD which was used in this incident, due to its damaging effects. Its shrapnel is plastic and did not fully disintegrate when it discharged on me due to its immediate proximity. The injuries to my face, chest and arm were primarily a result of the shrapnel and blast force trauma. The damage done to my inner ear was due solely to the blast pressure.

The Omni Blast 100 has a disintegrating body, which is completely unforgiving when you make a mistake. There is no protection from the blast when the explosive mixture deflagrates. Due to

numerous serious injuries to officers, the Omni Blast 100 was discontinued by the manufacturer several years ago. We now use a ported, steel-bodied distraction device. It's a shame we had to learn through experience.

Most recently, the department purchased hearing protection capable of noise reduction and amplification. The system attaches to portable radios. If hearing protection is not worn by your team, reread my story and buy some before it is too late!

Conclusion

Today, nine years later, I am still a member of the Newport News Police Department, a supervisor in the Narcotics Division and most importantly, a team leader on the department's Tactical Operations Unit. I am also the recipient of the Law Enforcement Purple Heart.

Every eight weeks since the injury to my ear, and for the rest of my life, I have to see my ENT to ensure I don't develop further problems. I tell this story in hopes that no one else will experience the devastating injuries I did that day.

About the author

Sgt. Larry Gleba, Jr. is team leader of the Newport News Police Department's Tactical Operations Unit.

Thank you to Master Police Officer Brendan D. Bartley of the Newport News Police Department for his assistance with this article.

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