INTER-OFFICE MEMORANDUM

City of Shreveport

Shreveport Police Department

Human Resources Commander

Phone: (318) 673-7150 **Fax: (318) 673-7160**

DATE: August 18, 2014

TO: William Nelson, Captain
Human Resources Bureau

FROM: William Nelson, Captain
Human Resources Bureau

SUBJECT: **Results of Pre-disciplinary conference – Sergeant Brent Mason #341**
Scheduled for 1030 hours – August 22, 2014 – CAD Crash Review Board

Enclosed, in a sealed envelope, is documentation pertaining to the results of the Pre-disciplinary Conference that was completed for Sergeant Brent Mason on the above date and time.

Under the provisions of Municipal Fire and Police Civil Service Law, R.S. 33:2500 - Corrective and Disciplinary Action for Maintaining Standards of Service, a Pre-disciplinary Conference has been scheduled for Sergeant Brent Mason, on Friday, August 22, 2014, at 1030 hours in reference to alleged violation of Shreveport Police Department Rules and Regulations specifically SPD 304.05—Department Motor Vehicle Crash—(Reference Section SPD 304). Employees shall operate official vehicles in a careful and prudent manner, and shall obey all laws of the State and all departmental orders pertaining to such operation. Short Synopsis of Incident: Sgt. Mason was in the right lane of Greenwood Road, east bound and activated his emergency lights and made a U-turn to go west bound and was hit by the vehicle in the left lane. This violation was reported to have occurred on June 29, 2014.

The sealed envelope needs to be hand-delivered to the employee, and both Sergeant Brent Mason and the Administering Supervisor must sign the statement below, authenticating delivery and receipt.

Once signed, this IOC is to be returned to the Human Resources Bureau in a sealed envelope.

Thank you for your assistance. If you have any questions, please feel free to call.

William Nelson, Captain
Human Resources Bureau

WJN/jlt

Affixing your signature and date below only signifies that the sealed envelope was delivered to you.

Employee Signature	*Date*	*Administering Supervisor*

PERSONNEL'S COPY

RETURN TO HRB WHEN COMPLETED