Response to Resistance Report

Key West Police Department

Case No: 15-4813

1. A Response to Resistance Report will be completed by the supervisor for: (Check all that apply)

- [x] A response through the use of non-lethal weapons,
- [x] Applies weaponless physical force of strikes, kicks, or "take-downs"
- [ ] When any person sustains an apparent substantial or fatal injury as a result of the application of force
- [ ] When any person complains of injury as a result of the application of force
- [ ] Discharge of firearm in the line of duty off-duty or on-duty (other than for training, maintenance or ballistics testing)

INCIDENT

2. Date: 10/26/15 **3. Time:** 11:48am **4. Location:** 1111 12th St, suite-401 **5. Incident type:** Warrant Service

6. Resistance Level	7. Explanation	8. Response Option	9. Explanation
[ ] Passive:		[x] Physical Control	Assisted subject to the ground
[x] Active:	subject refused to be handcuffed	[x] Non-lethal Weapon	Used taser to gain compliance
[ ] Aggressive:		[ ] Deadly Force	
[ ] Deadly Force:			

SUBJECT

10. Last Name: Shine **11. First:** Derek **12. Race:** black **13. Sex:** male

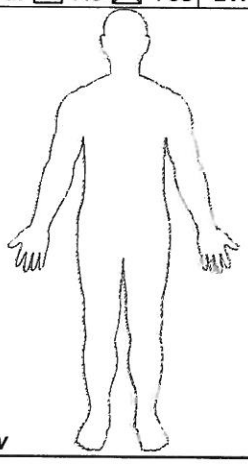
14. DOB: 10/23/87 **15. Height:** 5'08" **16. Weight:** 170

17. Did you observe the subject: [ ] No [x] Yes If NO, explain why in Section 42. If "YES", complete sections 18-22

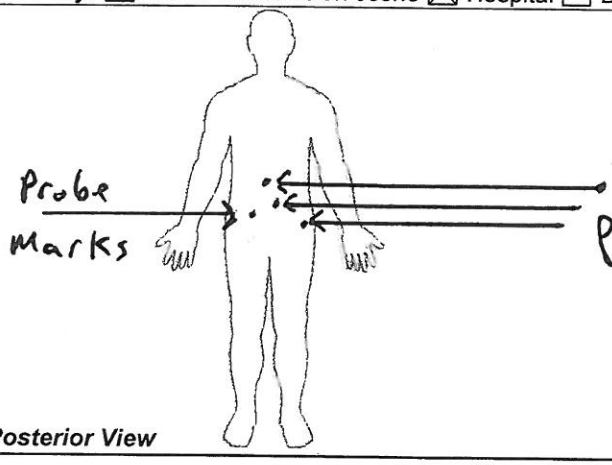
18. Appeared to be: [ ] Intoxicated [ ] Under the influence of controlled substance [ ] Emotionally / mentally disturbed

19. Injuries: [ ] No [x] Evident [ ] Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 22)

20. Photographed: [ ] No [x] Yes **21. Treated:** [ ] No [x] Yes **By:** [x] EMT/Paramedic on scene [x] Hospital [ ] Detention



22. Anterior View



Posterior View

OFFICER

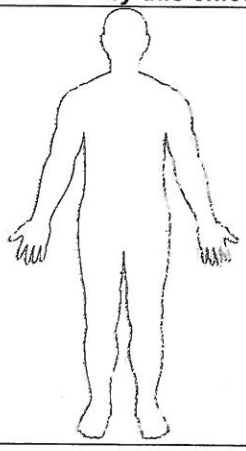
23. Officer: Michael Malgrat **24. Race:** W **25. Sex:** M **26. Age:**35 **27. Height:** 6'04" **28. Weight:** 350

29. Duty Status: [x] On-duty [ ] Off-duty [ ] Extra duty employment [x] Uniformed [ ] Plain clothes **30. Yrs Exp:** 11

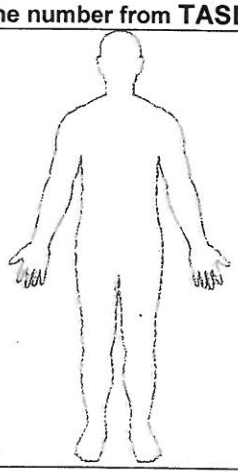
31. Injuries: [x] No [ ] Evident [ ] Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 35)

32. Photographed: [x] No [ ] Yes **33. Treated:** [x] No [ ] Yes **By:** [ ] EMT/Paramedic on scene [ ] Hospital

34. Response option used by this officer: (If TASER®, also reference line number from TASER® section)



35. Anterior View



Posterior View

Response to Resistance Report (continued)

Key West Police Department

Case No: 15-4813

TASER USE ONLY

36. TASER® device serial # X12002KT4	37. TASER® device serial # X12002KM5
TASER®Cam serial # V21000VMV	TASER®Cam serial # V21000VRD
Cartridge 1 serial # C4102N6DM	Cartridge 1 serial # H091500442
Cartridge 2 serial #	Cartridge 2 serial #
Number of cycles: 2	Number of cycles: 1
Type of contact: ☒ Probe ☐ CODS ☐ Drive Stun	Type of contact: ☒ Probe ☐ CODS ☐ Drive Stun
Did probes penetrate skin: ☒ Yes ☐ No	Did probes penetrate skin: ☒ Yes ☐ No
Target distance at probe launch: 4 feet	Target distance at probe launch: 4 feet
Distance between probes: 12 to 16 inches apart	Distance between probes: 12 to 16 inches apart
Probes removed by (name): Ofc. M. Chaustit	Probes removed by (name): Ofc. M. Chaustit
Device downloaded by: Sgt. H. Wood	Device downloaded by: Sgt. H. Wood

☐ ***38. Check and list any additional TASER® devices, cartridges or details in the incident description section.***

REPORT

39. Offense/Incident Report and/or Warrant Affidavit must include:

☒ All necessary criminal elements.
☒ All details of the arrest
☒ Details articulating the subject's words, mannerisms and actions that justify the use of force.
☒ Details outlining the response to resistance utilized by each officer.
☒ Detailed description of injury complaints and/or observed injuries
☒ Details outlining the decontamination, first aid or medical treatment provided to the officer and/or subject.

SUPERVISOR'S INQUIRY

40. Notified Date: 10/26/15 ***41. Time:*** 11:48am

42. Did you respond to the scene: ☐ No ☒ Yes (If "No", explain why)

43. Did you meet with the Officer: ☐ No ☒ Yes (If "No", explain why)

44. Were you able to locate any independent witnesses: ☒ No ☐ Yes (If "Yes," list below)

Name	Address	Phone Number

45. Is further review recommended: ☒ No ☐ Yes
FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS

Sgt H Ward 2091 — 46. Preparing Supervisor's Signature / ID

10/26/15 — 47. Date

INT. AFF.

48. Did the review of this incident conclude that use of force was in compliance with Departmental policy? ☐ No ☒ Yes (If "No", complete section 51)

SGT. R. SMITH #1935 — 49. Signature of Internal Affairs Inspector

11/10/15 — 50. Date

51. If section 48 is "No" record the Professional Standards Control Number: ***52. Date Entered:***

Response to Resistance Report (continued)

Key West Police Department

Case No: 15-4813**Error! Reference source not found.**

OFFICER

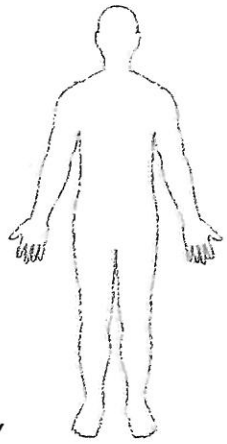
23. Officer: Michael Chaustit ***24. Race:*** W ***25. Sex:*** M ***26. Age:*** 37 ***27. Height*** 6'00" ***28. Weight*** 280

29. Duty Status: ☒ On-duty ☐ Off-duty ☐ Extra duty employment ☒ Uniformed ☐ Plain ***30. Yrs Exp:*** 8

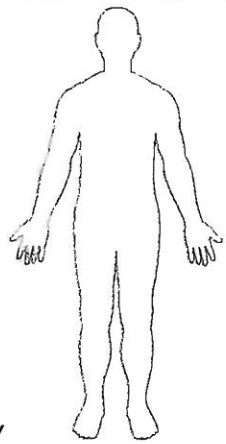
31. Injuries: ☒ No ☐ Evident ☐ Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 35)

32. Photographed: ☐ No ☐ Yes ***33. Treated:*** ☒ No ☐ Yes ***By:*** ☐ EMT/Paramedic on scene ☐ Hospital

34. Response option used by this officer: (If **TASER®**, also reference line number from **TASER®** section)



35. Anterior View



Posterior View

OFFICER

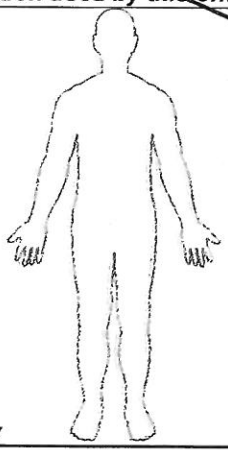
23. Officer: ***24. Race:*** ***25. Sex:*** ***26. Age:*** ***27. Height*** ***28. Weight***

29. Duty Status: ☐ On-duty ☐ Off-duty ☐ Extra duty employment ☐ Uniformed ☐ Plain ***30. Yrs Exp:***

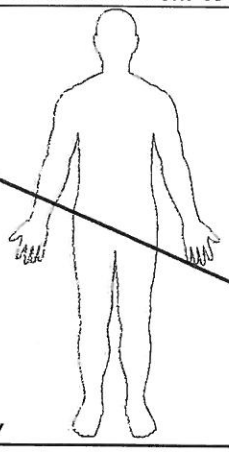
31. Injuries: ☐ No ☐ Evident ☐ Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 35)

32. Photographed: ☐ No ☐ Yes ***33. Treated:*** ☐ No ☐ Yes ***By:*** ☐ EMT/Paramedic on scene ☐ Hospital

34. Response option used by this officer: (If **TASER®**, also reference line number from **TASER®** section)



35. Anterior View



Posterior View

Key West Police Department

Report 10/26/2015 12:10

Incident Report

Case # **01-15-004813**

INCIDENT

Case #	Report	Occurred From	Occurred To	Report Type
01-15-004813	10/26/2015 12:10	10/26/2015 11:48	10/26/2015 11:48	Original

Dept. Classification	Case Status	Case Status Date	Cleared
OBSTRUCT/RESIST OFFENSE	CLEARED BY ARREST	10/26/2015	10/26/2015 11:50

Common Name
FL DEPARTMENT OF CORRECTIONS - 1111 12TH ST Apt. .401 KEYWEST, FL 33040 (MONROE County)

Day of Week : MONDAY
Dispatched : 10/26/2015 11:50
Responded : 10/26/2015 11:50
Arrived : 10/26/2015 11:50
Map Reference : 3321XX2AN
Location Type : COMMERCIAL/OFFICE BUILDING

Beat Assignment : 5
Alcohol Related : No
Drug Related : No
Total Damaged Property Value : $0.00
Total Stolen Property Value : $0.00
Total Recovered Property Value : $0.00

OFFENSE 1

State Classification		Attempted/Committed
		COMMITTED
Statute/Ordinance	**Location Type**	**Disposition Date**

Federal Classification : RESIST OFFICER OBSTRUCT WO VIOLENCE-843.02

DEREK SHINE (SUSP,Primary Role,User Defined);
STATE OF FLORIDA (VICT,Primary Role,User Defined)

End of Offense: 1

PERSON 1

Person Type	Business/Person Name			Business Phone
SUSPECT/ARRESTEE	DEREK SHINE			
Home Phone	**Person Address**			
	24 9TH AV KEY WEST FL 33040 ,MONROE County			
Other Phone	**Employer Address**			
Race	**Sex**	**SSN**	**DL Exp. Date**	**DL Number**
BLACK	Male			
Birth Date	**Birth Place**			
10/23/1987	KEY WEST, FL, UNITED STATES			

Age : 28
Occupation : MECHANIC
Ethnic Origin : NON-HISPANIC
Min. Height : 5'07"
Max. Height : 5'08"

Min. Weight : 160 lbs
Max. Weight : 175 lbs
Adult/Juvenile : ADULT
Body Marks:

End of Person: 1

PERSON 2

Person Type	Business/Person Name			Business Phone
VICTIM	STATE OF FLORIDA			
Home Phone	**Person Address**			
Other Phone	**Employer Address**			
Race	**Sex**	**SSN**	**DL Exp. Date**	**DL Number**
Birth Date	**Birth Place**			

Victim Type : GOVERNMENT
Will File Charges : Yes
Can Identify Offender : Yes

Sobriety of Victim : SOBER
Body Marks:

End of Person: 2

Reporting Officer	Department	Report Status:
OFC MICHAEL J CHAUSTIT (3141)	KEY WEST POLICE DEPARTMENT	Approved
Supervising Officer		**Date/Time**
Verifying Officer	**Department**	**Date / Time**
SGT HOLLIS WOODROW JR. WOOD (2091)	KEY WEST POLICE DEPARTMENT	10/26/2015 16:43

01-15-004813

Key West Police Department

Report 10/26/2015 12:10

Incident Report

Case # **01-15-004813**

NARRATIVE 1	Topic ORIGINAL

On October 26, 2015, I responded to the probation and parole office located at 1111 12th street Suite 401, to assist with a transport.

I arrived and met with Officer Castro who advised Derek Shine had an active arrest warrant for violation of probation. Ofc. Malgrat and I made contact with Mr. Shine and he was told he had a warrant for his arrest. I instructed Mr. Shine to place his hands behind his back. Mr. Shine placed his hands behind his back, however, he kept moving to my left. I told Mr. Shine to stop moving. He then pushed me and moved toward the door. I grabbed onto Mr. Shine to prevent him from running. Mr. Shine kept pushing me around my waist. I assisted Mr. Shine out of the probation office and onto the floor in the hall way. Ofc. Malgrat gave Mr. Shine loud verbal commands to stop. Mr. Shine planted his feet on the ground and tried to run away from us. Ofc. Malgrat and I both fired our Tasers. Both Taser's activated and Mr. Shine received a five second cycle. Ofc. Malgrat and I gave Mr. Shine several loud verbal commands to roll over and place his hands behind his back. Mr. Shine rolled and tried to run again. Ofc. Malgrat and I activated our Taser's again and Mr. Shine received a second five second cycle. Ofc. Malgrat and I gave Mr. Shine loud verbal commands to roll over and place his hands behind his back. Mr. Shine complied and I was able to handcuff Mr. Shine. I asked Mr. Shine if he had any pain other that where the Taser probes struck him. Mr. Shine said, " No and he was fine."

KWFD responded to the scene to evaluate Mr. Shine. KWFD transported Mr. Shine to Lower Keys Medical center for further evaluation and treatment. Lower Keys Medical Center medically cleared Mr. Shine and he was transported to MCDC for processing without incident.

End of Narrative: 1

Reporting Officer	Department	Report Status:
OFC MICHAEL J CHAUSTIT (3141)	KEY WEST POLICE DEPARTMENT	Approved
Supervising Officer		**Date/Time**
Verifying Officer	**Department**	**Date / Time**
SGT HOLLIS WOODROW JR. WOOD (2091)	KEY WEST POLICE DEPARTMENT	10/26/2015 16:43

01-15-004813

Key West Police Department

Report 10/26/2015 16:53

Incident Report

Case # 01-15-004813

INCIDENT

Case #	Report	Occurred From	Occurred To	Report Type
01-15-004813	10/26/2015 16:53			Supplemental

Dept. Classification	Case Status	Case Status Date	Cleared
OBSTRUCT/RESIST OFFENSE	CLEARED BY ARREST	10/27/2015	

Common Name
FL DEPARTMENT OF CORRECTIONS - 1111 12TH ST Apt. .401 KEYWEST, FL 33040 (MONROE County)

Map Reference : 3321XX2AN
Location Type : COMMERCIAL/OFFICE BUILDING
Beat Assignment : 5
Alcohol Related : No

Drug Related : No
Total Damaged Property Value : $0.00
Total Stolen Property Value : $0.00
Total Recovered Property Value : $0.00

PROPERTY 1

Category	Property Type	Make	Model
EVIDENCE/SEIZED	TASER CARTRIDGE		

Serial #	Color	Description	Condition
H091500442			

UCR Type : MISCELLANEOUS
Quantity/Weight : 1
Value : $0,000,001.00
Recovery Location : Use Address from Incident Location Information

Recovered By : M. Malgrat
Recovery Date and Time : 10/26/2015 11:58
Recovery Value : $0,000,001.00

End of Property: 1

PROPERTY 2

Category	Property Type	Make	Model
EVIDENCE/SEIZED	TASER CARTRIDGE		

Serial #	Color	Description	Condition
C4102N6DM			

UCR Type : MISCELLANEOUS
Quantity/Weight : 1
Value : $0,000,001.00
Recovery Location : Use Address from Incident Location Information

Recovered By : M. Malgrat
Recovery Date and Time : 10/26/2015 11:58
Recovery Value : $0,000,001.00

End of Property: 2

PROPERTY 3

Category	Property Type	Make	Model
EVIDENCE/SEIZED	DIGITAL DISK		

Serial #	Color	Description	Condition
		CD W/Taser Video	

UCR Type : MISCELLANEOUS
Quantity/Weight : 1
Value : $0,000,001.00
Recovery Location : Use Address from Incident Location Information

Recovered By : M. Chaustit
Recovery Date and Time : 10/27/2015 10:49
Recovery Value : $0,000,001.00

End of Property: 3

NARRATIVE 1

Topic SUPPLEMENTAL

On 10/26/2015 1150 hours, Ofc Chaustit and I (Ofc M Malgrat) responded to the Probation/Parole office at 1111 12th Street in reference to a subject with an active warrant. Upon arrival, we made contact with Probation Officer Castro who told us she held an active warrant for Derek Shine. We made contact with Shine and advised him he had an active warrant. Ofc Chaustit told Shine to put his hands behind his back. Shine complied, but began to turn towards Ofc Chaustit. Shine pushed in to Ofc Chaustit and attempted to flee the office. Ofc Chaustit was able to get Shine to the ground. I gave Shine loud commands to stay on the ground and put his hands behind his back. Shine got up and planted his feet and attempted to run. I deployed by Taser at Shine's back and it achieved it's desired

Reporting Officer	Department	Report Status:
OFC MICHAEL MALGRAT (2809)	KEY WEST POLICE DEPARTMENT	Approved
Supervising Officer		**Date/Time**
Verifying Officer	**Department**	**Date / Time**
SGT HOLLIS WOODROW JR. WOOD (2091)	KEY WEST POLICE DEPARTMENT	10/27/2015 11:44

01-15-004813

	effect (NMI). Shine fell to the ground and at the end of the 5 second cycle I gave Shine loud verbal commands to stay down and put his hands behind his back. I instructed Shine that he would be Tased again if he failed to comply. Shine attempted to get up and flee. I delivered another 5 second cycle to Shine and upon it's completion I ordered Shine to place his hands behind his back. Shine complied and was handcuffed by Ofc Chaustit. Shine was transported to the ER by ambulance for medical clearance. I stood by with Ofc Chaustit at the ER until Shine was medically cleared. Once medically cleared Shine was transported to MCDC by Ofc Chaustit with no further incident. Taser Cartridges and Taser Video were placed in evidence. Photos were placed in COBAN DPM.
	End of Narrative: 1

Reporting Officer	Department	Report Status:
OFC MICHAEL MALGRAT (2809)	KEY WEST POLICE DEPARTMENT	Approved
Supervising Officer		**Date/Time**
Verifying Officer	**Department**	**Date / Time**
SGT HOLLIS WOODROW JR. WOOD (2091)	KEY WEST POLICE DEPARTMENT	10/27/2015 11:44

0 1- 1 5- 0 0 4 8 1 3

KWPD

Monroe County Adult Arrest Form

☐ ARREST
☐ WARRANT
☐ COMPLAINT AFFIDAVIT

ARREST # OBTS # _____

Filing Agency	Case #	Doc. Control #	State ID #	FBI #	SS #
KWPD	0115004813				

Defendant's Last Name	First	Middle	Suf	Alias	Citizenship
SHINE	DEREK				

Race	Eth	Sex	Hgt	Eyes	Hair	Wgt	Comp	Age	DOB	Birthplace	Scars, Marks, TT
B	NH	M	5'07"	BROWN	BLACK	160	DARK	28	10/23/1987	KEY WEST, FL	

Facial Hair	Build	Marital St	Hand Use	Glasses	Speech	Parole/Probation	Language Spoken
MTBRD	MED				NORMAL		

Permanent Address	Home Phone:	Local Address:
24 9TH AV KEY WEST, FL 33040-		

Email Address	Cell Phone:	Place of Employment	Occupation
			MECHANIC

Arrest Location	Area/Zone	Work Phone:	Arresting Officer
1111 12TH ST Apt# 401 KEY WEST, FL 33040-	5		MICHAEL 3141

Violation Location	Area/Zone	Date/Time of Violation	Date/Time Arrested
1111 12TH ST Apt# 401 KEY WEST, FL 33040-	5	10/26/2015 11:50	10/26/2015 11:50

DL #	State	Breathalyser By	Reading	Miranda Advisement	By Whom	Indication Of:	Y	N	UK
						Alcohol Influence:	☐	☐	☐
						Drug Influence:	☐	☐	☐

Domestic Violence	Weapon Seized	Officer Injured	Caution

Drug Type: Type: N-N/A, A-Amphetamine, B-Barbiturate, C-Cocaine, E-Heroin, H-Hallucinogen, M-Marijuana, O-Opium, P-Paraphemalia/ Equipment, S-Synthetic, U-Unknown, Z-Other

Activity: Activity: N-N/A, P-Possess, S-Sell, B-Buy, T-Traffic, A-Smuggle, D-Deliver, E-Use, M-Manufacture/ Produce/ Cultivate, K-Dispense/ Distribute, Z-Other

Defendant Vehicle Make:	Type:	Year:	Color:	Vehicle Registration State:

VIN#:	Tag #:	Vehicle Tag Expiration:

Vehicle Status:	Other Identifiers or Remarks:

#	CODEFENDANT	ADDRESS	PHONE #	RACE	SEX	DOB

Count	Offenses Charged	Statute	Warrant #	Court Date and Time	Citation #
1/M	RESIST OFFICER OBSTRUCT WO VIOLENCE-843.02	SIST OFFICER OBS			

Before me this date personally appeared **MICHAEL 3141** who being first duly sworn deposes and says that on the **26th day of October, 2015** at **1111 12TH ST Apt# 401 KEY WEST, FL 33040-** the above named defendent committed the above offenses charged and the facts showing probable cause to believe the same are as follows

[NARR]: On October 26, 2015, I responded to the probation and parole office located at 1111 12th street Suite 401, to assist with a transport.

I arrived and met with Officer Castro who advised Derek Shine had an active arrest warrant for violation of probation. Ofc. Malgrat and I made contact with Mr. Shine and he was told he had a warrant for his arrest. I instructed Mr. Shine to place his hands behind his back. Mr. Shine placed his hands behind his back, however, he kept moving to my left. I told Mr. Shine to stop moving. He then pushed me and moved toward the

I swear the above statement is correct and true to the best of my knowledge and belief.

MICHAEL 3141	WOODROW JR. WOOD	KEY WEST POLICE DEPARTMENT
OFFICER/ELECTRONIC SIGNATURE	APPROVING SUPERVISOR	DIVISION / UNIT

STATE OF **FLORIDA** COUNTY OF **MONROE**

The foregoing instrument was acknowledged before me this _____ day of _____, (year)_____, who is personally known to me or who has produced (ID Type) Police as identification and who DID take an oath.

_____

LAW ENFORCEMENT OFFICER / CORRECTIONS OFFICER PER STATE STATUTE # ☐

SIXTEENTH JUDICIAL COURT
MONROE County
State of FLORIDA

Form NS ARREST 3.0, REV: 04/18/2014

KWPD

Monroe County Adult Arrest Form Continuation

OBTS # _____

ARREST #

LAST NAME	FIRSTNAME	MIDDLE NAME	SUF.	HGT	WGT	RC	SEX	DOB	Case #	Arresting Officer
SHINE	DEREK			5'07"	160	B	M	10/23/1987	0115004813	MICHAEL 3141

door. I grabbed onto Mr. Shine to prevent him from running. Mr. Shine kept pushing me around my waist. I assisted Mr. Shine out of the probation office and onto the floor in the hall way. Ofc. Malgrat gave Mr. Shine loud verbal commands to stop. Mr. Shine planted his feet on the ground and tried to run away from us. Ofc. Malgrat and I both fired our Tasers. Both Taser's activated and Mr. Shine received a five second cycle. Ofc. Malgrat and I gave Mr. Shine several loud verbal commands to roll over and place his hands behind his back. Mr. Shine rolled and tried to run again. Ofc. Malgrat and I activated our Taser's again and Mr. Shine received a second five second cycle. Ofc. Malgrat and I gave Mr. Shine loud verbal commands to roll over and place his hands behind his back. Mr. Shine complied and I was able to handcuff Mr. Shine. I asked Mr. Shine if he had any pain other that where the Taser probes struck him. Mr. Shine said, " No and he was fine."

KWFD responded to the scene to evaluate Mr. Shine. KWFD transported Mr. Shine to Lower Keys Medical center for further evaluation and treatment. Lower Keys Medical Center medically cleared Mr. Shine and he was transported to MCDC for processing without incident.

I swear the above statement is correct and true to the best of my knowledge and belief.

MICHAEL 3141	WOODROW JR. WOOD	KEY WEST POLICE DEPARTMENT
OFFICER/ELECTRONIC SIGNATURE	APPROVING SUPERVISOR	DIVISION / UNIT

STATE OF **FLORIDA** COUNTY OF **MONROE**

The foregoing instrument was acknowledged before me this _____ day of _____, (year)_____, who is personally known to me or who has produced (ID Type) Police as identification and who DID take an oath.

LAW ENFORCEMENT OFFICER / CORRECTIONS OFFICER PER STATE STATUTE # [ ]

SIXTEENTH JUDICIAL COURT
MONROE County
State of FLORIDA

Form NS ARREST 3.0, REV: 04/18/2014