

Response to Resistance Report

Key West Police Department

Case No: 14-1704

1. A Response to Resistance Report will be completed by the supervisor for:

(Check all that apply)

- ☒ A response through the use of non-lethal weapons,
- ☐ 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)

2. Date: 4/6/14

3. Time: 1856 hrs

4. Location: 1127 Truman Ave.

5. Incident type: Resisting W/O

6. Resistance Level

7. Explanation

8. Response Option

9. Explanation

☐ Passive:

☒ Active:

☐ Aggressive:

☐ Deadly Force:

Pulling away

☐ Physical Control

☒ Non-lethal Weapon

☐ Deadly Force

TASER

10. Description of Incident: (If additional space is needed, continue in section 51 or use separate page if needed)

Officer Sims responded to Dion's, 1127 Truman Ave., in reference to a subject, who was passed out in a vehicle at the gas pumps. Upon arrival Ofc. Sims determined he had to take I into protective custody, see Sims's report for details. Ofc. Sims requested back up and Officers Malsheimer and Clark responded. While attempting to remove from the vehicle he verbally and physically refused to get out. I also actively resisted by pulling his arm away from officers. Due 's body and vehicle being covered in human feces and his resistance, Ofc. Sims removed his TASER cartridge and deployed his TASER on 's upper right back

11. Last Name:

12. First:

13. Race: W

14. Sex: M

15. DOB: 8/1/43

16. Height: 6'00"

17. Weight: 270

18. Did you observe the subject: ☐ No ☒ Yes

If NO, explain why in Section 5. If "YES", complete sections 19-23

19. Appeared to be: ☐ Intoxicated

☐ Under the influence of controlled substance

☒ Emotionally / mentally disturbed

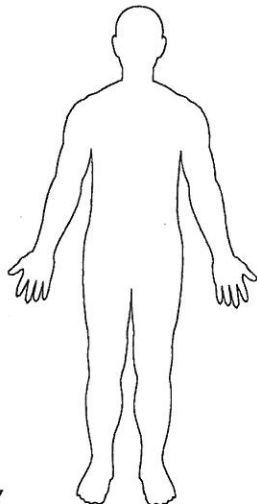
20. Injuries: ☐ No ☒ Evident ☐ Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 23)

21. Photographed: ☐ No ☒ Yes

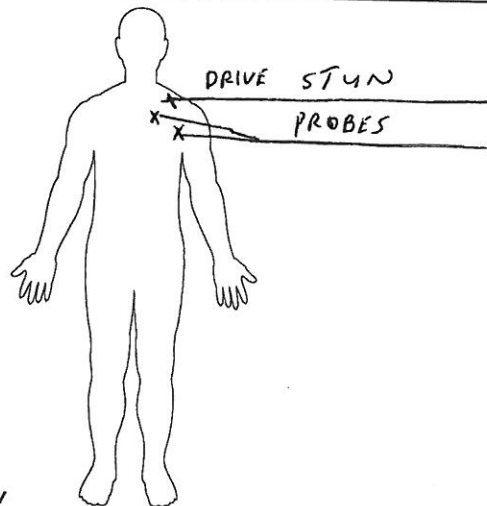
22. Treated: ☐ No ☒ Yes

By: ☒ EMT/Paramedic on scene ☒ Hospital ☐ Detention

SUBJECT



23. Anterior View



Posterior View

BAKER

Response to Resistance Report (continued)

Key West Police Department

Case No:

14-1704

OFFICER	24. Officer: Carter Sims			25. Race: W	26. Sex: M	27. Age: 39
	28. Duty Status: <input checked="" type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment			<input checked="" type="checkbox"/> Uniformed	<input type="checkbox"/> Plain clothes	
	29. Yrs Exp: 15					
	30. Injuries: <input checked="" type="checkbox"/> No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 33)					
31. Photographed: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			32. Treated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital
33. Response option used by this officer: (If TASER®, also reference line number from TASER® section) 34						
<div style="display: flex; justify-content: space-around;"> </div>						
34. Anterior View			Posterior View			
TASER USE ONLY	35. TASER® device serial # X00-616798			36. TASER® device serial #		
	TASER®Cam serial # V08-007104			TASER®Cam serial #		
	Cartridge 1 serial # C4100MDDE			Cartridge 1 serial #		
	Cartridge 2 serial # N/A			Cartridge 2 serial #		
	Number of cycles: 2			Number of cycles:		
	Type of contact: <input checked="" type="checkbox"/> Probe <input type="checkbox"/> CODS <input checked="" type="checkbox"/> Drive Stun			Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun		
	Did probes penetrate skin: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Did probes penetrate skin: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Target distance at probe launch: 3 feet			Target distance at probe launch:		
	Distance between probes: 8 inches			Distance between probes:		
	Probes removed by (name): Ofc. Sims			Probes removed by (name):		
Device downloaded by: Sgt. B. Lariz			Device downloaded by:			
<input type="checkbox"/> 37. Check and list any additional TASER® devices, cartridges or details in the incident description section.						
SUPERVISOR'S INQUIRY	38. Notified Date: 4/6/14			39. Time: 1856 hrs		
	40. Did you respond to the scene: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why in section 10)					
	41. Did you meet with the Officer: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why in section 10)					
	42. Were you able to locate any independent witnesses: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "Yes," list below)					
	Name	Address	Phone Number			
	Jana Polacikova	1008 Grinnell St. Key West, FL 33040	(305) 879-8912			
	Jennifer Bruce	Care Ambulance, 2780 N. Roosevelt	(305) 295-2559			
	Carlos Barba	Care Ambulance, 2780 N. Roosevelt	(305) 295-2559			
	43. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
	FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS			44. Preparing Supervisor's Signature / ID <i>Sgt. B. Lariz</i> B. LARIZ 2705		45. Date 4/6/14
INT. AFF.	46. Did the review of this incident conclude that use of force was in compliance with Departmental policy? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", complete section 49)					
	47. Signature of Internal Affairs Inspector <i>[Signature]</i> 1679					48. Date 4/7/14
	49. If section 46 is "No" record the Professional Standards Control Number:					
50. Date Entered:						

Response to Resistance Report (continued)

Key West Police Department

Case No: 14-1704

INCIDENT

51. Description (Section 10 continued):

delivering a 5 second drive stun. Ofc. Sims then placed his TASER cartridge back on the TASER. still did not comply and responded with active physical resistance by pulling his arm from officers. Ofc. Sims then deployed the TASER and the probes struck in his upper right back delivering a 5 second cycle. During the cycle Officers Malsheimer and Clark removed from the vehicle and assisted him to the gurney provided by Care Ambulance, who was on scene. was then transported to the Lower Keys Medical Center. Due to s mental state I did not interview him. I could not take photos of at the time because he was wrapped in a blanket. Ofc. Sims took photos of at the hospital and provided me with a copy.

OFFICER

24. Officer:

25. Race:

26. Sex:

27. Age:

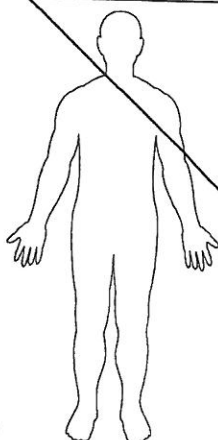
28. Duty Status: ☐ On-duty ☐ Off-duty ☐ Extra duty employment ☐ Uniformed ☐ Plain clothes

29. Yrs Exp:

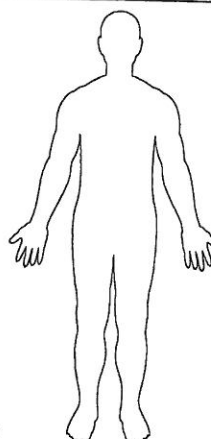
30. Injuries: ☐ No ☐ Evident ☐ Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 34)

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

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



34. Anterior View



Posterior View

OFFICER

24. Officer:

25. Race:

26. Sex:

27. Age:

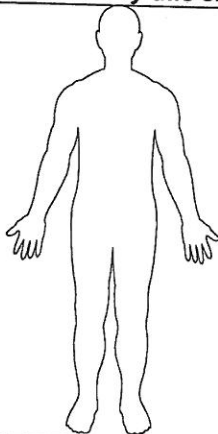
28. Duty Status: ☐ On-duty ☐ Off-duty ☐ Extra duty employment ☐ Uniformed ☐ Plain clothes

29. Yrs Exp:

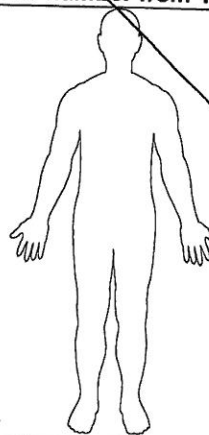
30. Injuries: ☐ No ☐ Evident ☐ Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 34)

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

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



34. Anterior View

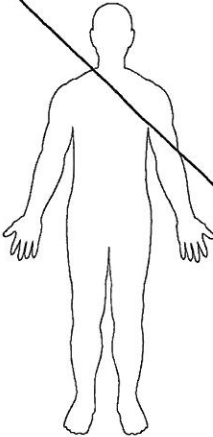
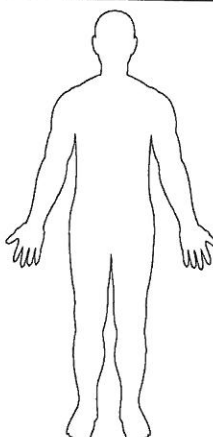
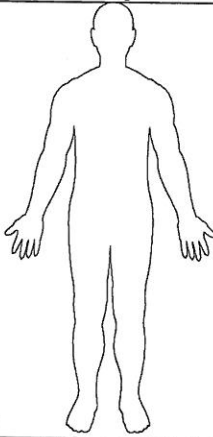
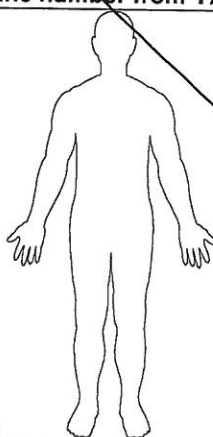


Posterior View

Response to Resistance Report (continued)

Key West Police Department

Case No: 14-1704

INCIDENT			
51. Description (Section 10 continued): I later found out that Care Ambulance employees, Jennifer Bruce and Carlos Barba were on scene when I was TASED but I did not interview them about the incident. I did talk to a witness, Jana who saw _____'s behavior earlier in the day. Jana said the _____ came to Dion's about two hours earlier and she assisted by fueling his vehicle and she called the police when _____ returned. Jana said she did not witness _____ being TASED, see witness statement. Jana was provided with a business card and case number. Jana is supposed to have the manager burn a disc of Dion's surveillance cameras that possibly recorded the incident and call KWPD when it is ready.			
OFFICER	24. Officer: _____ 25. Race: _____ 26. Sex: _____ 27. Age: _____		
	28. Duty Status: <input type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment <input type="checkbox"/> Uniformed <input type="checkbox"/> Plain clothes 29. Yrs Exp: _____		
	30. Injuries: <input type="checkbox"/> No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 34)		
	31. Photographed: <input type="checkbox"/> No <input type="checkbox"/> Yes 32. Treated: <input type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital		
	33. Response option used by this officer: (If TASER®, also reference line number from TASER® section)		
34. Anterior View		Posterior View	
OFFICER	24. Officer: _____ 25. Race: _____ 26. Sex: _____ 27. Age: _____		
	28. Duty Status: <input type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment <input type="checkbox"/> Uniformed <input type="checkbox"/> Plain clothes 29. Yrs Exp: _____		
	30. Injuries: <input type="checkbox"/> No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 34)		
	31. Photographed: <input type="checkbox"/> No <input type="checkbox"/> Yes 32. Treated: <input type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital		
	33. Response option used by this officer: (If TASER®, also reference line number from TASER® section)		
34. Anterior View		Posterior View	

Response to Resistance Report

Key West Police Department

Case No: 14-1806

1. A Response to Resistance Report will be completed by the supervisor for:

(Check all that apply)

- ☒ A response through the use of non-lethal weapons,
- ☒ 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)

2. Date: 04/13/14

3. Time: 04:30

4. Location: 900 Blk Duval St.

5. Incident type: Battery/Resist W/O

6. Resistance Level

7. Explanation

8. Response Option

9. Explanation

☐ Passive:

☒ Physical Control

Take-down

☒ Active:

Fled on foot

☒ Non-lethal Weapon

TASER

☐ Aggressive:

☐ Deadly Force

☐ Deadly Force:

10. Description of Incident: (If additional space is needed, continue in section 51 or use separate page if needed)

Ofc. Dean witnessed Savka actively throwing punches at the victim's head while physically mounted over him. Several bystanders were attempting to pull Savka off the victim. Ofc. Dean exited his car and approached Savka. Savka looked at Ofc. Dean, turn away and began to run from him. Ofc. Dean deployed a single cycle of his Taser, which did not make a complete contact and only slowed Savka's escape. Ofc. Dean was then able to physically take Savka to the ground and place him in custody. Savka suffered a minor abrasion to the left side of his forehead and a minor abrasion and small cut to his right hand. Rescue was called to the scene to attend to Savka but only provided basic cleansing of his injuries. Ofc. Dean transported Savka to the hospital for medical clearance. Savka was cleared and Ofc. Dean then transported him to the jail.

11. Last Name: Savka

12. First: Joseph

13. Race: W

14. Sex: M

15. DOB: 4/27/75

16. Height: 5'7"

17. Weight: 153

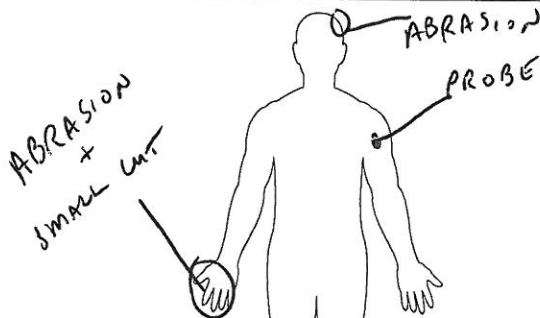
18. Did you observe the subject: ☐ No ☒ Yes

If NO, explain why in Section 5. If "YES", complete sections 19-23

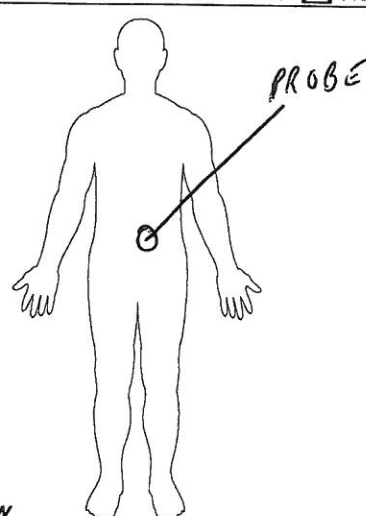
19. Appeared to be: ☐ Intoxicated ☐ Under the influence of controlled substance ☐ Emotionally / mentally disturbed

20. Injuries: ☐ No ☒ Evident ☐ Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 23)

21. Photographed: ☐ No ☒ Yes 22. Treated: ☐ No ☒ Yes By: ☒ EMT/Paramedic on scene ☒ Hospital ☐ Detention



23. Anterior View



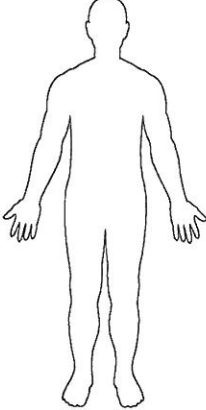
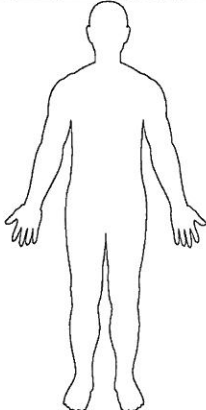
Posterior View

Response to Resistance Report (continued)

Key West Police Department

Case No:

14-1806

OFFICER	24. Officer: Jeff Dean		25. Race: W	26. Sex: M	27. Age: 26
	28. Duty Status: <input checked="" type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment		<input checked="" type="checkbox"/> Uniformed <input type="checkbox"/> Plain clothes		29. Yrs Exp: 3
	30. Injuries: <input checked="" type="checkbox"/> No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 33)				
	31. Photographed: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 32. Treated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital				
33. Response option used by this officer: (If TASER®, also reference line number from TASER® section)					
					
34. Anterior View			Posterior View		
TASER USE ONLY	35. TASER® device serial # X00631491			36. TASER® device serial # N/A	
	TASER®Cam serial # V09013563			TASER®Cam serial #	
	Cartridge 1 serial # C41027AN6			Cartridge 1 serial #	
	Cartridge 2 serial # N/A			Cartridge 2 serial #	
	Number of cycles: 1			Number of cycles:	
	Type of contact: <input checked="" type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun			Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun	
	Did probes penetrate skin: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Target distance at probe launch: 6'			Target distance at probe launch:	
	Distance between probes: 24"			Distance between probes:	
	Probes removed by (name): Ofc. J. Dean			Probes removed by (name):	
Device downloaded by: Sgt. E. Biskup			Device downloaded by:		
<input type="checkbox"/> 37. Check and list any additional TASER® devices, cartridges or details in the incident description section.					
SUPERVISOR'S INQUIRY	38. Notified Date: 3/17/13		39. Time: 18:00		
	40. Did you respond to the scene: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why in section 10)				
	41. Did you meet with the Officer: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why in section 10)				
	42. Were you able to locate any independent witnesses: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," list below)				
	Name		Address		Phone Number
INT. AFF.	43. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS				
	44. Preparing Supervisor's Signature / ID			45. Date	
46. Did the review of this incident conclude that use of force was in compliance with Departmental policy? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", complete section 49)			47. Signature of Internal Affairs Inspector		48. Date
49. If section 46 is "No" record the Professional Standards Control Number:			50. Date Entered:		

Response to Resistance Report

Key West Police Department

Case No: 14-1942

1. A Response to Resistance Report will be completed by the supervisor for:

(Check all that apply)

- ☐ A response through the use of non-lethal weapons,
☐ 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)

2. Date: 4/20/14

3. Time: 0131 hrs

4. Location: 500 Block Greene St.

5. Incident type: Resisting without

6. Resistance Level

7. Explanation

8. Response Option

9. Explanation

☐ Passive:

☒ Active:

☐ Aggressive:

☐ Deadly Force:

☒ Physical Control

☐ Non-lethal Weapon

☐ Deadly Force

Grabbing subject's arm

Pulling away

10. Description of Incident: (If additional space is needed, continue in section 51 or use separate page if needed)
Officer Cutie advised over the police radio that a subject, Cindy Fuller threw herself to the ground while he was detaining her. I told Cutie to ask Fuller if she was injured and she told him her wrist hurt. I responded to the location to gather information for an RRI report. I met with Fuller, who was handcuffed, sitting on the sidewalk. Fuller had a pile of feces under her legs. I asked Fuller how she ended up on the ground and she said the officer threw her to the ground. I asked Fuller if she was hurt and she said yes, "My pride is hurt" because she defecated herself. I asked Fuller if she had any actual injuries and she said no. Fuller had bloodshot eyes, slurred speech and appeared to be under the influence of drugs or alcohol. Due to the odor of feces I was not able smell any odor of alcohol. Fuller would yell when talking to me. Officer Cutie said Fuller was walking in the street and cars had to drive around her. Ofc. Cutie was trying to walk Fuller out of the street for her safety and detain her when she pulled away from him and

11. Last Name: Fuller

12. First: Cindy

13. Race: W

14. Sex: F

15. DOB: 10/11/58

16. Height: 5'05"

17. Weight: 100

18. Did you observe the subject: ☐ No ☒ Yes

If NO, explain why in Section 5. If "YES", complete sections 19-23

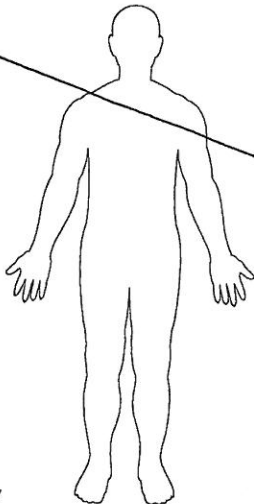
19. Appeared to be: ☒ Intoxicated ☐ Under the influence of controlled substance ☐ Emotionally / mentally disturbed

20. Injuries: ☐ No ☐ Evident ☒ Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 23)

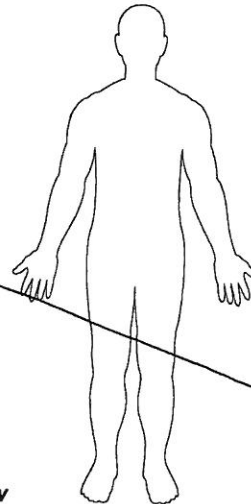
21. Photographed: ☐ No ☒ Yes 22. Treated: ☒ No ☐ Yes By: ☐ EMT/Paramedic on scene ☐ Hospital ☐ Detention

SUBJECT

23. Anterior View



Posterior View

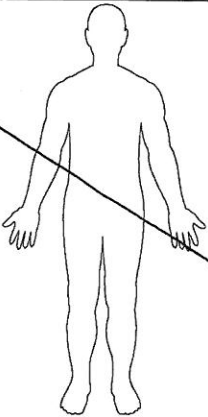
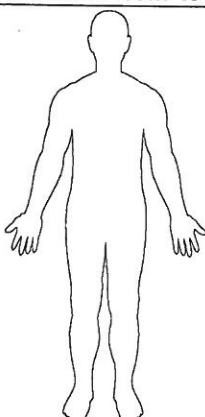


Response to Resistance Report (continued)

Key West Police Department

Case No:

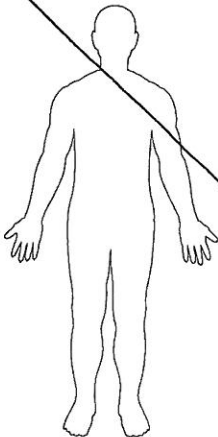
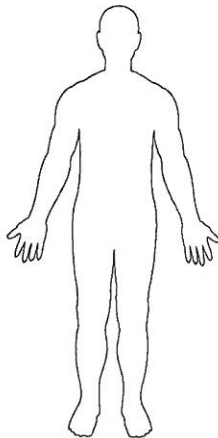
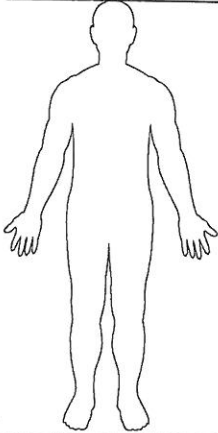
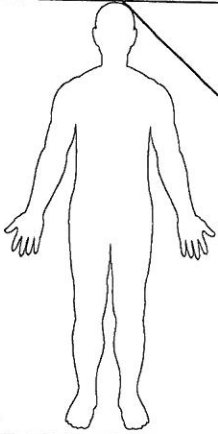
14-1942

OFFICER	24. Officer: Edward Cutie			25. Race: W		26. Sex: M		27. Age: 24	
	28. Duty Status: <input checked="" type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment			<input checked="" type="checkbox"/> Uniformed <input type="checkbox"/> Plain clothes		29. Yrs Exp: 2			
	30. Injuries: <input checked="" type="checkbox"/> No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 33)								
	31. Photographed: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			32. Treated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital			
	33. Response option used by this officer: (If TASER®, also reference line number from TASER® section)								
TASER USE ONLY									
	34. Anterior View				34. Posterior View				
TASER USE ONLY	35. TASER® device serial #				36. TASER® device serial #				
	TASER®Cam serial #				TASER®Cam serial #				
	Cartridge 1 serial #				Cartridge 1 serial #				
	Cartridge 2 serial #				Cartridge 2 serial #				
	Number of cycles:				Number of cycles:				
	Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun				Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun				
	Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No				Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Target distance at probe launch:				Target distance at probe launch:				
	Distance between probes:				Distance between probes:				
	Probes removed by (name):				Probes removed by (name):				
Device downloaded by:				Device downloaded by:					
<input type="checkbox"/> 37. Check and list any additional TASER® devices, cartridges or details in the incident description section.									
SUPERVISOR'S INQUIRY	38. Notified Date: 4/20/14				39. Time: 0131 hrs				
	40. Did you respond to the scene: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why in section 10)								
	41. Did you meet with the Officer: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why in section 10)								
	42. Were you able to locate any independent witnesses: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "Yes," list below)								
	Name			Address			Phone Number		
	Charles Arnold			1621 Stevens Ave. Key West, FL 33040			(806) 640-3176		
Betsy Patterson			5950 Peninsular Blvd. Key West, FL.			(703) 728-6444			
INT. AFF.	43. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				44. Preparing Supervisor's Signature / ID				
	FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS				45. Date				
	46. Did the review of this incident conclude that use of force was in compliance with Departmental policy? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", complete section 49)				47. Signature of Internal Affairs Inspector				
49. If section 46 is "No" record the Professional Standards Control Number:				50. Date Entered:					

Response to Resistance Report (continued)

Key West Police Department

Case No: 14-1942

INCIDENT	
<p>51. Description (Section 10 continued): threw herself to the ground. Fuller then put her hands under her chest. Officers Cutie and Malsheimer had to pull Fuller's arms from under her chest to handcuff her. I photographed Fuller on scene and Ofc. Cutie took more photos at the jail after her jacket was removed. Officer Fraga went to Tattoos and Scars Bar, 512 Greene St. to see if their video surveillance recorded the incident but said the area was blocked by trees. I met with two witnesses Charles Arnold and Betsy Patterson. Both witnesses said they saw the officer grabbing the subject's, Cindy Fuller arm and Fuller intentionally threw herself to the ground. The witnesses did not want to write statements but did provide me with their contact information.</p>	
<p>24. Officer: _____ 25. Race: _____ 26. Sex: _____ 27. Age: _____</p> <p>28. Duty Status: <input type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment <input type="checkbox"/> Uniformed <input type="checkbox"/> Plain clothes 29. Yrs Exp: _____</p> <p>30. Injuries: <input type="checkbox"/> No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 34)</p> <p>31. Photographed: <input type="checkbox"/> No <input type="checkbox"/> Yes 32. Treated: <input type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital</p> <p>33. Response option used by this officer: (If TASER®, also reference line number from TASER® section)</p>	
OFFICER	<p>34. Anterior View</p>  <p>Posterior View</p> 
OFFICER	<p>24. Officer: _____ 25. Race: _____ 26. Sex: _____ 27. Age: _____</p> <p>28. Duty Status: <input type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment <input type="checkbox"/> Uniformed <input type="checkbox"/> Plain clothes 29. Yrs Exp: _____</p> <p>30. Injuries: <input type="checkbox"/> No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 34)</p> <p>31. Photographed: <input type="checkbox"/> No <input type="checkbox"/> Yes 32. Treated: <input type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital</p> <p>33. Response option used by this officer: (If TASER®, also reference line number from TASER® section)</p>
OFFICER	<p>34. Anterior View</p>  <p>Posterior View</p> 

Response to Resistance Report

Key West Police Department

Case No: 14-2129

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

- ☐ A response through the use of non-lethal weapons,
☒ 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)

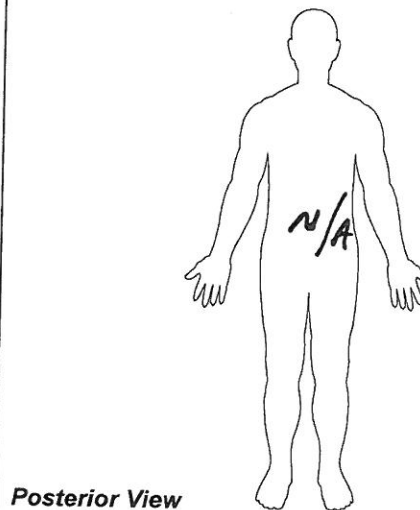
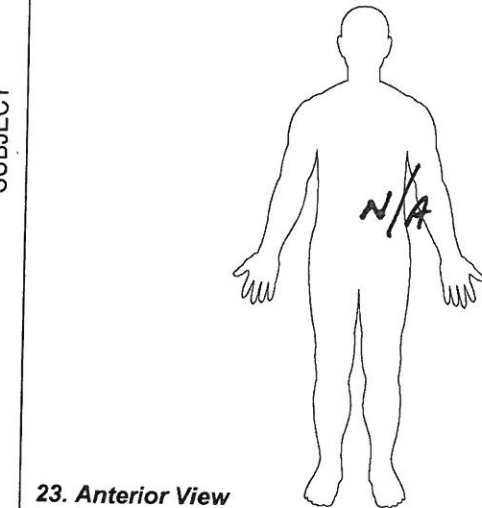
2. Date: 5/1/14 3. Time: 21:45 4. Location: MCJ 5. Incident type: Lewd

6. Resistance Level 7. Explanation 8. Response Option 9. Explanation

☐ Passive: ☐ Physical Control Take Down
☒ Active: Pulled away ☐ Non-lethal Weapon
☐ Aggressive: ☐ Deadly Force
☐ Deadly Force:

10. Description of Incident: (If additional space is needed, continue in section 51 or use separate page if needed)
Ofc. Tellier was forced to take Wurtzel to the ground, when Wurtzel pulled his shoulders away from him and tried to turn his body towards him, in an attempt to break free from his grasp. Ofc. Tellier was waiting to enter the jail elevator and escort the arrested Wurtzel to intake, at the time of the incident. Once on the ground, Ofc. Tellier was able to regain control of Wurtzel without any further use of force. Ofc. Tellier and Wurtzel were unhurt.

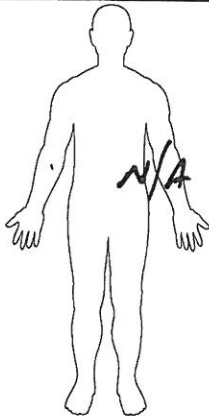
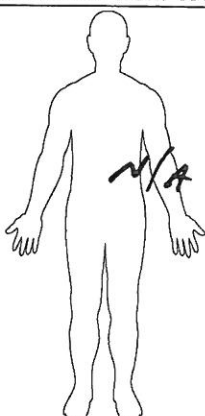
11. Last Name: Wurtzel 12. First: Eric 13. Race: W 14. Sex: M
15. DOB: 6/7/72 16. Height: 5'6" 17. Weight: 145
18. Did you observe the subject: ☐ No ☒ Yes If NO, explain why in Section 5. If "YES", complete sections 19-23
19. Appeared to be: ☒ Intoxicated ☐ Under the influence of controlled substance ☐ Emotionally / mentally disturbed
20. Injuries: ☒ No ☐ Evident ☐ Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 23)
21. Photographed: ☐ No ☒ Yes 22. Treated: ☒ No ☐ Yes By: ☐ EMT/Paramedic on scene ☐ Hospital ☐ Detention



Response to Resistance Report (continued)

Key West Police Department

Case No: 14-2129

OFFICER	24. Officer: J. Tellier				25. Race: W		26. Sex: M		27. Age: 34	
	28. Duty Status: <input checked="" type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment				<input checked="" type="checkbox"/> Uniformed <input type="checkbox"/> Plain clothes		29. Yrs Exp: 1			
	30. Injuries: <input checked="" type="checkbox"/> No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 33)									
	31. Photographed: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				32. Treated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital			
	33. Response option used by this officer: (If TASER®, also reference line number from TASER® section)									
TASER USE ONLY										
	34. Anterior View					Posterior View				
TASER USE ONLY	35. TASER® device serial # N/A					36. TASER® device serial # N/A				
	TASER®Cam serial #					TASER®Cam serial #				
	Cartridge 1 serial #					Cartridge 1 serial #				
	Cartridge 2 serial #					Cartridge 2 serial #				
	Number of cycles: 1					Number of cycles:				
	Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun					Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun				
	Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No					Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Target distance at probe launch:					Target distance at probe launch:				
	Distance between probes:					Distance between probes:				
	Probes removed by (name):					Probes removed by (name):				
Device downloaded by:					Device downloaded by:					
<input type="checkbox"/> 37. Check and list any additional TASER® devices, cartridges or details in the incident description section.										
SUPERVISOR'S INQUIRY	38. Notified Date: 5/1/14					39. Time: 21:45				
	40. Did you respond to the scene: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why in section 10)									
	41. Did you meet with the Officer: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why in section 10)									
	42. Were you able to locate any independent witnesses: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," list below)									
	Name			Address			Phone Number			
	N/A									
INT. AFF.	43. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS					5/1/14 44. Preparing Supervisor's Signature / ID				
	46. Did the review of this incident conclude that use of force was in compliance with Departmental policy? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", complete section 49)					5/12/14 47. Signature of Internal Affairs Inspector				
	49. If section 46 is "No" record the Professional Standards Control Number:					50. Date Entered:				

Response to Resistance Report

Key West Police Department

Case No: 14-2130

1. A Response to Resistance Report will be completed by the supervisor for:

(Check all that apply)

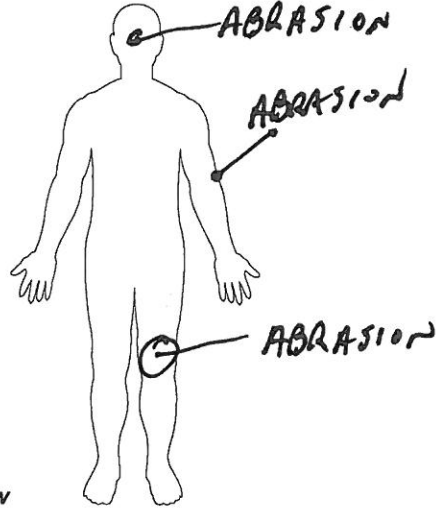
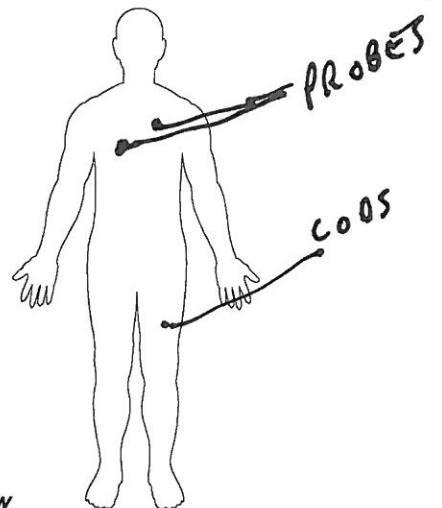
- ☐ A response through the use of non-lethal weapons,
- ☒ Applies weaponless physical force of strikes, kicks, or "take-downs"
- ☐ When any person sustains an apparent substantial or fatal injury as a result of the application of force
- ☐ When any person complains of injury as a result of the application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

2. Date: 5/1/14 3. Time: 21:28 4. Location: 400 blk. Green St. 5. Incident type: Resist W/O

6. Resistance Level	7. Explanation	8. Response Option	9. Explanation
<input type="checkbox"/> Passive:		<input type="checkbox"/> Physical Control	Take Down
<input checked="" type="checkbox"/> Active:	Pulled away/Flail	<input checked="" type="checkbox"/> Non-lethal Weapon	TASER
<input type="checkbox"/> Aggressive:		<input type="checkbox"/> Deadly Force	
<input type="checkbox"/> Deadly Force:			

10. Description of Incident: (If additional space is needed, continue in section 51 or use separate page if needed)
As Ofc. Bouvier attempted to place handcuffs on Dades, Dades actively pulled his arms away and flailed his body away from ofc. Bouvier in an attempt not to be placed into custody. Ofc. Bouvier took Dades to the ground and again attempted to place handcuffs on him. Dades again pulled his arms away and ignored Ofc. Bouvier's commands to place his hands behind his back. Ofc. Bouvier deployed a single cycle of his TASER (probes) to Dades back. The probes seated only a short distance apart, so Ofc. Bouvier had to deliver a cartridge on drive stun to Dades lower left leg to gain NMI. This stopped Dades resistance and Ofc. Bouvier was able to take Dades into custody. Dades suffered an abrasion to the bridge of his nose, left knee and left elbow. Rescue treated Dades at the scene and he was later medically cleared by hospital staff. Ofc. Bouvier suffered soreness to his right shoulder and knee. Ofc. Bouvier remained on duty. N.O.I. was completed.

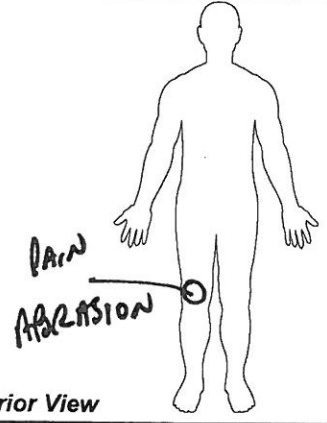
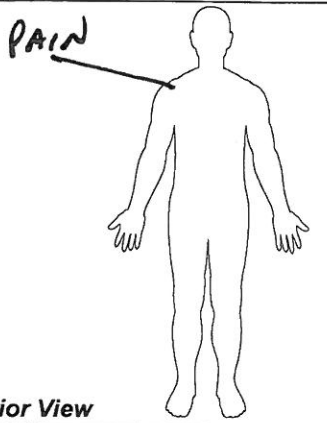
11. Last Name: Dades	12. First: Andrew	13. Race: W	14. Sex: M
15. DOB: 7/13/89	16. Height: 6'0"	17. Weight: 200	
18. Did you observe the subject: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If NO, explain why in Section 5. If "YES", complete sections 19-23			
19. Appeared to be: <input checked="" type="checkbox"/> Intoxicated <input type="checkbox"/> Under the influence of controlled substance <input type="checkbox"/> Emotionally / mentally disturbed			
20. Injuries: <input type="checkbox"/> No <input checked="" type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 23)			
21. Photographed: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 22. Treated: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Detention			

SUBJECT	23. Anterior View	Posterior View
		

Response to Resistance Report (continued)

Key West Police Department

Case No: 14-2130

OFFICER	24. Officer: K. Bouvier		25. Race: B	26. Sex: M	27. Age: 31
	28. Duty Status: <input checked="" type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment		<input checked="" type="checkbox"/> Uniformed <input type="checkbox"/> Plain clothes		29. Yrs Exp: 3
	30. Injuries: <input type="checkbox"/> No <input checked="" type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 33)				
	31. Photographed: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		32. Treated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital		
	33. Response option used by this officer: (If TASER®, also reference line number from TASER® section)				
TASER USE ONLY					
	34. Anterior View		35. Posterior View		
TASER USE ONLY	35. TASER® device serial # X00-508093		36. TASER® device serial # N/A		
	TASER®Cam serial # V1300094N		TASER®Cam serial #		
	Cartridge 1 serial # C100M8V		Cartridge 1 serial #		
	Cartridge 2 serial # N/A		Cartridge 2 serial #		
	Number of cycles: 2		Number of cycles:		
	Type of contact: <input checked="" type="checkbox"/> Probe <input checked="" type="checkbox"/> CODS <input type="checkbox"/> Drive Stun		Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun		
	Did probes penetrate skin: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Target distance at probe launch: approx-3 feet		Target distance at probe launch:		
	Distance between probes: approx-8 inches		Distance between probes:		
	Probes removed by (name): Ofc. Bouvier		Probes removed by (name):		
Device downloaded by: Sgt. E. Biskup		Device downloaded by:			
<input type="checkbox"/> 37. Check and list any additional TASER® devices, cartridges or details in the incident description section.					
SUPERVISOR'S INQUIRY	38. Notified Date: 5/1/14		39. Time: 21:28		
	40. Did you respond to the scene: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why in section 10)				
	41. Did you meet with the Officer: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why in section 10)				
	42. Were you able to locate any independent witnesses: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," list below)				
	Name	Address	Phone Number		
	Mathew Delia	408 Aronovitz Lane KWFL	803 477-9276		
Jason Lansdown	1713 Johnson Street KWFL	305 304-4399			
INT. AFF.	43. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS				
	44. Preparing Supervisor's Signature / ID			45. Date	
	46. Did the review of this incident conclude that use of force was in compliance with Departmental policy? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", complete section 49)			47. Signature of Internal Affairs Inspector	
49. If section 46 is "No" record the Professional Standards Control Number:					50. Date Entered:

Response to Resistance Report

Key West Police Department

Case No: 14-2267

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

- ☒ A response through the use of non-lethal weapons,
☐ 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)

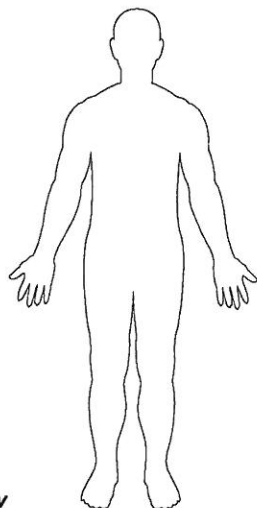
2. Date: 5/9/14 3. Time: 18:20 4. Location: Truman/Emma 5. Incident type: Bat/LEO

6. Resistance Level	7. Explanation	8. Response Option	9. Explanation
<input type="checkbox"/> Passive:		<input type="checkbox"/> Physical Control	
<input checked="" type="checkbox"/> Active:	Ran away	<input checked="" type="checkbox"/> Non-lethal Weapon	TASER
<input type="checkbox"/> Aggressive:		<input type="checkbox"/> Deadly Force	
<input type="checkbox"/> Deadly Force:			

10. Description of Incident: (If additional space is needed, continue in section 51 or use separate page if needed)
Cartwright ran from officers after he was stopped on his bicycle for a traffic violation. Det. Siracus deployed his TASER and delivered a single cycle which caused Cartwright to stop and fall to the ground. Cartwright sustained no injuries and was arrested. Cartwright received medical clearance from the hospital and was transported to MCJ. Cartwright admitted to smoking cocaine approximately 30 minutes prior to being stopped by police.

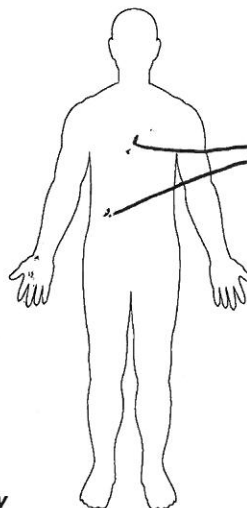
11. Last Name: Cartwright 12. First: Ricky 13. Race: B 14. Sex: M
15. DOB: 12/25/83 16. Height: 5'10" 17. Weight: 200
18. Did you observe the subject: ☐ No ☒ Yes If NO, explain why in Section 5. If "YES", complete sections 19-23
19. Appeared to be: ☐ Intoxicated ☒ Under the influence of controlled substance ☐ Emotionally / mentally disturbed
20. Injuries: ☒ No ☐ Evident ☐ Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 23)
21. Photographed: ☐ No ☒ Yes 22. Treated: ☐ No ☒ Yes By: ☒ EMT/Paramedic on scene ☒ Hospital ☐ Detention

SUBJECT



N/A

23. Anterior View

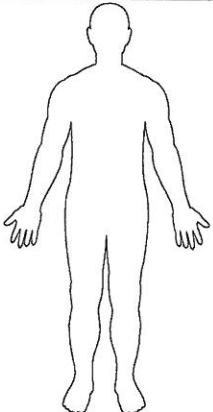
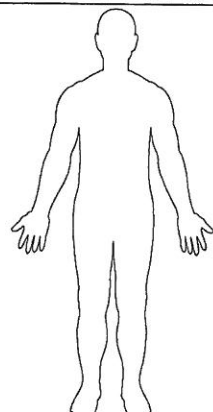


Posterior View

Response to Resistance Report (continued)

Key West Police Department

Case No: 14-2267

OFFICER	24. Officer: M. Siracus			25. Race: W	26. Sex: M	27. Age: 27											
	28. Duty Status: <input type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input checked="" type="checkbox"/> Extra duty employment			<input type="checkbox"/> Uniformed	<input checked="" type="checkbox"/> Plain clothes	29. Yrs Exp: 4											
	30. Injuries: <input type="checkbox"/> No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 33)																
	31. Photographed: <input type="checkbox"/> No <input type="checkbox"/> Yes 32. Treated: <input type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital																
33. Response option used by this officer: (If TASER®, also reference line number from TASER® section)																	
<div style="display: flex; justify-content: space-around;"><div style="text-align: center;"> 34. Anterior View</div><div style="text-align: center;"> Posterior View</div></div>																	
TASER USE ONLY	35. TASER® device serial # X00474861			36. TASER® device serial # N/A													
	TASER®Cam serial # V08007658			TASER®Cam serial #													
	Cartridge 1 serial # C4100MKFP			Cartridge 1 serial #													
	Cartridge 2 serial # N/A			Cartridge 2 serial #													
	Number of cycles: 1			Number of cycles:													
	Type of contact: <input checked="" type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun			Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun													
	Did probes penetrate skin: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No													
	Target distance at probe launch: approx 8'			Target distance at probe launch:													
	Distance between probes: approx 12"			Distance between probes:													
	Probes removed by (name): Ofc. M. Andruzzi			Probes removed by (name):													
Device downloaded by: Sgt. Blasberg			Device downloaded by:														
<input type="checkbox"/> 37. Check and list any additional TASER® devices, cartridges or details in the incident description section.																	
SUPERVISOR'S INQUIRY	38. Notified Date: 5/9/14			39. Time: 18:20													
	40. Did you respond to the scene: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "No", explain why in section 10)																
	41. Did you meet with the Officer: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why in section 10)																
	42. Were you able to locate any independent witnesses: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," list below)																
	<table border="1" style="width: 100%;"><thead><tr><th>Name</th><th>Address</th><th>Phone Number</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>						Name	Address	Phone Number								
Name	Address	Phone Number															
INT. AFF.	43. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS			44. Preparing Supervisor's Signature / ID													
	46. Did the review of this incident conclude that use of force was in compliance with Departmental policy? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", complete section 49)			47. Signature of Internal Affairs Inspector													
	49. If section 46 is "No" record the Professional Standards Control Number:			50. Date Entered:													

Response to Resistance Report

Key West Police Department

Case No: 14-2267

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

- ☐ A response through the use of non-lethal weapons,
☐ 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)

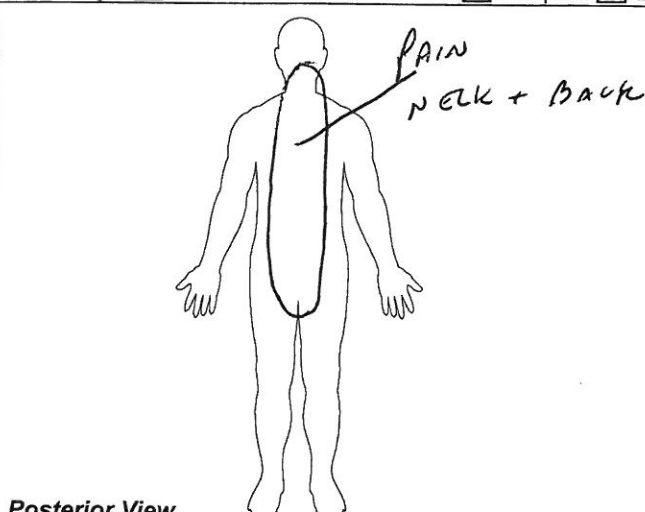
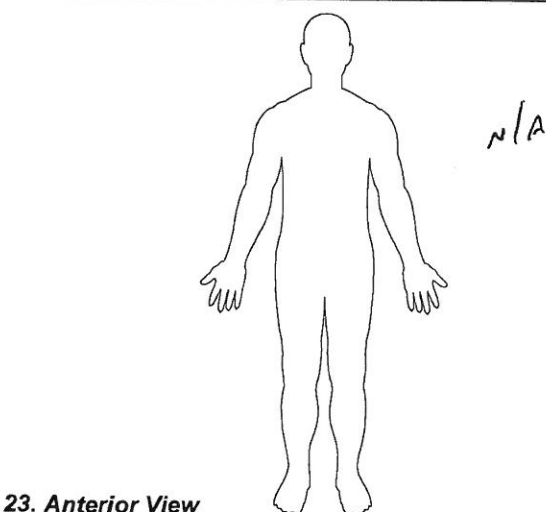
2. Date: 5/9/14 3. Time: 18:20 4. Location: Truman/Emma 5. Incident type: Sig 36

6. Resistance Level 7. Explanation 8. Response Option 9. Explanation

☐ Passive: ☒ Physical Control ☐ Physical Direction
☒ Active: Tensing/Bracing ☐ Non-lethal Weapon
☒ Aggressive: Bite ☐ Deadly Force
☐ Deadly Force:

10. Description of Incident: (If additional space is needed, continue in section 51 or use separate page if needed)
 Officer's Hall and Gauffillet escorted the arrested Taylor to a patrol for transport. Once at the car, Taylor deliberately struck his head against the the door and began to shout, inciting the crowd. Taylor tensed his body and refused to get into the car. Ofc. Hall had to lift Taylor up and into the car. Det. Siracus assisted in placing Taylor into tha car, during which time, Taylor bit Det. Siracus on the left hand. Taylor braced his feet in the car and had to be pushed into it befor the door could be closed. Taylor was wearing a neck brace from a previous scooter accident and complained his injuries were exasparated by his physical arrest. Taylor was transported to the hospital and medically cleared for transport to MCJ.

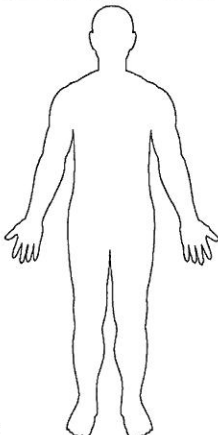
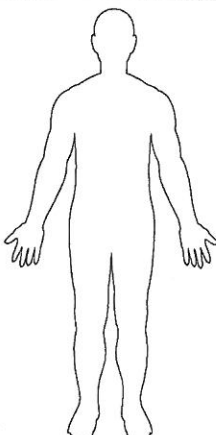
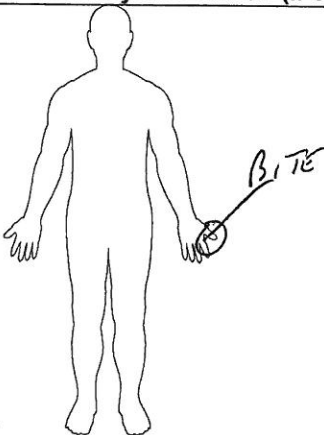
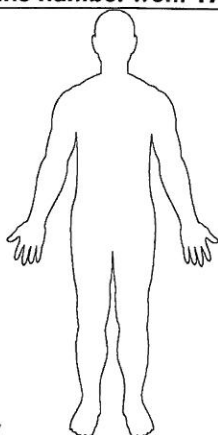
11. Last Name: Taylor Jr. 12. First: Johnny 13. Race: B 14. Sex: M
 15. DOB: 7/17/77 16. Height: 5'11" 17. Weight: 180
 18. Did you observe the subject: ☐ No ☒ Yes If NO, explain why in Section 5. If "YES", complete sections 19-23
 19. Appeared to be: ☐ Intoxicated ☐ Under the influence of controlled substance ☐ Emotionally / mentally disturbed
 20. Injuries: ☐ No ☐ Evident ☒ Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 23)
 21. Photographed: ☐ No ☒ Yes 22. Treated: ☐ No ☒ Yes By: ☒ EMT/Paramedic on scene ☒ Hospital ☐ Detention



Response to Resistance Report (continued)

Key West Police Department

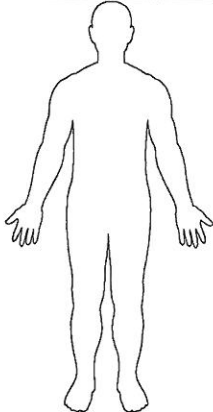
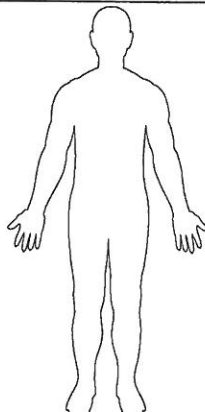
Case No: 14-2267

INCIDENT	51. Description (Section 10 continued):	
OFFICER	24. Officer: A. Gaufillet 25. Race: W 26. Sex: M 27. Age: 42	
	28. Duty Status: <input checked="" type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment <input checked="" type="checkbox"/> Uniformed <input type="checkbox"/> Plain clothes 29. Yrs Exp: 9	
OFFICER	30. Injuries: <input checked="" type="checkbox"/> No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 34)	
	31. Photographed: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 32. Treated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital	
OFFICER	33. Response option used by this officer: (If TASER®, also reference line number from TASER® section)	
	 <p>34. Anterior View</p>	 <p>Posterior View</p>
OFFICER	24. Officer: M. Siracus 25. Race: W 26. Sex: M 27. Age: 27	
	28. Duty Status: <input type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input checked="" type="checkbox"/> Extra duty employment <input type="checkbox"/> Uniformed <input checked="" type="checkbox"/> Plain clothes 29. Yrs Exp: 4	
OFFICER	30. Injuries: <input type="checkbox"/> No <input checked="" type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 34)	
	31. Photographed: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 32. Treated: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes By: <input checked="" type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital	
OFFICER	33. Response option used by this officer: (If TASER®, also reference line number from TASER® section)	
	 <p>34. Anterior View</p>	 <p>Posterior View</p>

Response to Resistance Report (continued)

Key West Police Department

Case No: 14-2267

OFFICER	24. Officer: D. Hall		25. Race: W	26. Sex: M	27. Age: 36
	28. Duty Status: <input checked="" type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment		<input checked="" type="checkbox"/> Uniformed <input type="checkbox"/> Plain clothes		29. Yrs Exp: 11
	30. Injuries: <input type="checkbox"/> No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 33)				
	31. Photographed: <input type="checkbox"/> No <input type="checkbox"/> Yes 32. Treated: <input type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital				
33. Response option used by this officer: (If TASER®, also reference line number from TASER® section)					
OFFICER	 34. Anterior View		 Posterior View		
	35. TASER® device serial # N/A		36. TASER® device serial #		
TASER USE ONLY	TASER®Cam serial # N/A		TASER®Cam serial #		
	Cartridge 1 serial # N/A		Cartridge 1 serial #		
	Cartridge 2 serial # N/A		Cartridge 2 serial #		
	Number of cycles: 4		Number of cycles:		
	Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun		Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun		
	Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No		Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Target distance at probe launch: N/A		Target distance at probe launch:		
	Distance between probes: N/A		Distance between probes:		
	Probes removed by (name): N/A		Probes removed by (name):		
	Device downloaded by:		Device downloaded by:		
<input type="checkbox"/> 37. Check and list any additional TASER® devices, cartridges or details in the incident description section.					
SUPERVISOR'S INQUIRY	38. Notified Date: 5/9/14		39. Time: 18:20		
	40. Did you respond to the scene: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "No", explain why in section 10)				
	41. Did you meet with the Officer: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why in section 10)				
	42. Were you able to locate any independent witnesses: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," list below)				
	Name		Address		Phone Number
INT. AFF.	43. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		44. Preparing Supervisor's Signature / ID		45. Date
	FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS		5/9/14		
	46. Did the review of this incident conclude that use of force was in compliance with Departmental policy? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", complete section 49)		47. Signature of Internal Affairs Inspector		48. Date
49. If section 46 is "No" record the Professional Standards Control Number:		50. Date Entered:			

Response to Resistance Report

Key West Police Department

Case No: 14-2271

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

- ☒ A response through the use of non-lethal weapons,
☐ 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)

2. Date: 5/9/14 3. Time: 2232 4. Location: 5. Incident type: Baker Act

6. Resistance Level

- ☒ Passive:
☒ Active:
☒ Aggressive:
☐ Deadly Force:

7. Explanation

Non-Compliance
Overt Aggressive Actions

8. Response Option

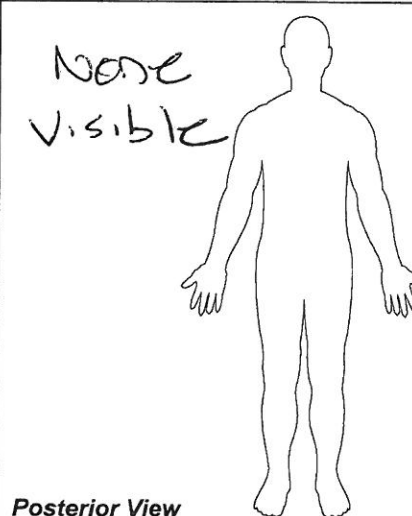
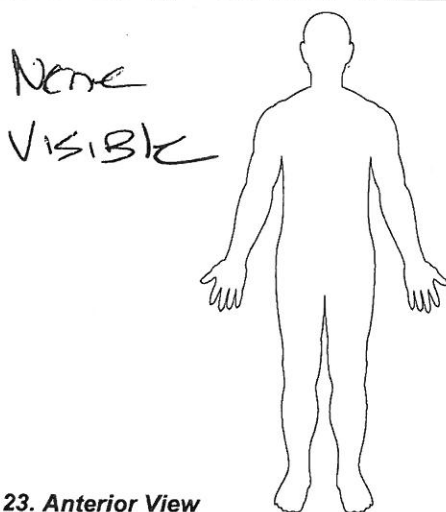
- ☐ Physical Control
☒ Non-lethal Weapon
☐ Deadly Force

9. Explanation

TASER (Drive Stun)

10. Description of Incident: (If additional space is needed, continue in section 51 or use separate page if needed)
Officer Bouvier was dispatched to a possible suicide attempt in progress at the Salt Pond Condo's. On arrival, the wife let Officer Bouvier in to access her husband who was in the back bedroom. When Ofc. Bouvier made contact with [redacted] became non-compliant (refused to answer questions about his mental state etc.). Medics arrived shortly afterwards and [redacted] still refused to provide any information. [redacted] did state he wanted to die and was refusing any treatment. [redacted] was still in his bed and had his hands underneath the covers and was told numerous times to show his hands but refused. When Ofc. Bouvier went to remove the covers, [redacted] jumped up out of bed, said, "I'm gonna knock you the fuck out", this prompted Ofc. Bouvier to draw his dept. issued TASER and as advanced, Ofc. Bouvier initiated a "Drive Stun" to [redacted]'s mid- section. This did not have a desired effect and [redacted] was able to grab a hold of the TASER and somehow the battery became loose from the weapon causing it not to function

11. Last Name: 12. First: 13. Race: W 14. Sex: M
15. DOB: 23MAY1960 16. Height: 6'00" 17. Weight: 220
18. Did you observe the subject: ☐ No ☒ Yes If NO, explain why in Section 5. If "YES", complete sections 19-23
19. Appeared to be: Intoxicated ☐ Under the influence of controlled substance ☒ Emotionally / mentally disturbed
20. Injuries: ☐ No ☐ Evident ☒ Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 23)
21. Photographed: ☐ No ☒ Yes 22. Treated: ☐ No ☒ Yes By: ☒ EMT/Paramedic on scene ☒ Hospital ☐ Detention



BAKER

Response to Resistance Report (continued)

Key West Police Department

Case No: 14-2271

OFFICER	24. Officer: Bouvier, K				25. Race: B		26. Sex: M		27. Age: 31	
	28. Duty Status: <input checked="" type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment				<input checked="" type="checkbox"/> Uniformed <input type="checkbox"/> Plain clothes		29. Yrs Exp: 3			
	30. Injuries: <input checked="" type="checkbox"/> No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 33)									
	31. Photographed: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				32. Treated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital					
	33. Response option used by this officer: (If TASER®, also reference line number from TASER® section) Drive Stun									
TASER USE ONLY	34. Anterior View					Posterior View				
TASER USE ONLY	35. TASER® device serial # X00508093					36. TASER® device serial #				
	TASER®Cam serial # V1300094N					TASER®Cam serial #				
	Cartridge 1 serial # N/A					Cartridge 1 serial #				
	Cartridge 2 serial # N/A					Cartridge 2 serial #				
	Number of cycles: 02					Number of cycles:				
	Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input checked="" type="checkbox"/> Drive Stun					Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun				
	Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No N/A					Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Target distance at probe launch: N/A					Target distance at probe launch:				
	Distance between probes: N/A					Distance between probes:				
	Probes removed by (name): N/A					Probes removed by (name):				
Device downloaded by: Sgt. Blasberg					Device downloaded by:					
<input type="checkbox"/> 37. Check and list any additional TASER® devices, cartridges or details in the incident description section.										
SUPERVISOR'S INQUIRY	38. Notified Date:					39. Time:				
	40. Did you respond to the scene: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why in section 10)									
	41. Did you meet with the Officer: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why in section 10)									
	42. Were you able to locate any independent witnesses: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," list below)									
	Name			Address				Phone Number		
INT. AFF.	43. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					10MAY2014				
	FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS					44. Preparing Supervisor's Signature / ID				
	46. Did the review of this incident conclude that use of force was in compliance with Departmental policy? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", complete section 49)					47. Signature of Internal Affairs Inspector				
49. If section 46 is "No" record the Professional Standards Control Number:					50. Date Entered:					

Response to Resistance Report (continued)

Key West Police Department

Case No: 14-2271

INCIDENT	<p>51. Description (Section 10 continued): . Ofc. Bouvier was able to re insert the battery and deliver another "Drive Stun" to (but appeared to have little to no effect. However, (did cease his actions and was taken into custody without further incident. was then transported to the ER as a Baker Act.and remanded to the hospital's custody</p>			
OFFICER	<p>24. Officer: 25. Race: 26. Sex: 27. Age:</p> <p>28. Duty Status: <input type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment <input type="checkbox"/> Uniformed <input type="checkbox"/> Plain clothes 29. Yrs Exp:</p> <p>30. Injuries: <input type="checkbox"/> No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 34)</p> <p>31. Photographed: <input type="checkbox"/> No <input type="checkbox"/> Yes 32. Treated: <input type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital</p> <p>33. Response option used by this officer: (If TASER®, also reference line number from TASER® section) Restraint</p>			
	<p>34. Anterior View</p>		<p>Posterior View</p>	
OFFICER	<p>24. Officer: 25. Race: 26. Sex: 27. Age:</p> <p>28. Duty Status: <input type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment <input type="checkbox"/> Uniformed <input type="checkbox"/> Plain clothes 29. Yrs Exp:</p> <p>30. Injuries: <input type="checkbox"/> No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 34)</p> <p>31. Photographed: <input type="checkbox"/> No <input type="checkbox"/> Yes 32. Treated: <input type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital</p> <p>33. Response option used by this officer: (If TASER®, also reference line number from TASER® section)</p>			
	<p>34. Anterior View</p>		<p>Posterior View</p>	

Response to Resistance Report

Key West Police Department

Case No: 14-2330

1. A Response to Resistance Report will be completed by the supervisor for:

(Check all that apply)

- ☐ A response through the use of non-lethal weapons,
- ☒ 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)

2. Date: 5/13/14 3. Time: 2238 hrs 4. Location: 1 Roosevelt 5. Incident type: Baker Act

6. Resistance Level

7. Explanation

8. Response Option

9. Explanation

- ☐ Passive:
- ☒ Active: Pulling away
- ☐ Aggressive:
- ☐ Deadly Force:
- ☒ Physical Control Take Down
- ☐ Non-lethal Weapon
- ☐ Deadly Force

10. Description of Incident: (If additional space is needed, continue in section 51 or use separate page if needed)

CONFIDENTIAL BAKER ACT

Officers responded to an injured person call. Upon arrival they determined that a female, had intentionally jumped out of a moving vehicle. had numerous abrasions all over her body from jumping out of the vehicle. It was determined by officers on scene that was going to be detained as a Baker Act. Originally was handcuffed by Ofc. Sims. While trying to photograph injuries she got upset and was pulling away from Officers Sims and Fraga. did not comply with verbal commands to stop resisting, so In an attempt to control Ofc. Sims redirected her toward the hood of the patrol car by holding onto her hair. When Ofc. Sealey tried to take more pictures of s injuries she began to throw herself around. While Ofc. Sims was still holding onto hair she dropped her body toward the ground, moved her legs apart and squatted.

11. Last Name: 12. First: 13. Race: W 14. Sex: F

15. DOB: 05/11/82 16. Height: 5'11" 17. Weight: 170

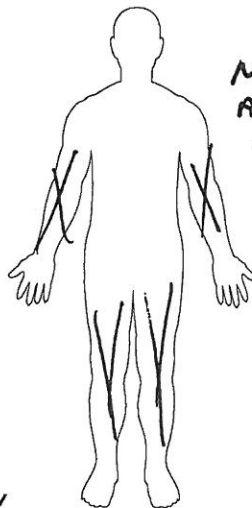
18. Did you observe the subject: ☐ No ☒ Yes If NO, explain why in Section 5. If "YES", complete sections 19-23

19. Appeared to be: ☒ Intoxicated ☒ Under the influence of controlled substance ☒ Emotionally / mentally disturbed

20. Injuries: ☐ No ☒ Evident ☐ Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 23)

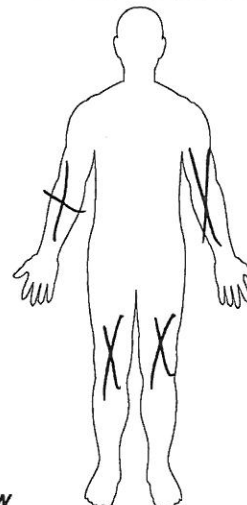
21. Photographed: ☐ No ☒ Yes 22. Treated: ☐ No ☒ Yes By: ☐ EMT/Paramedic on scene ☒ Hospital ☐ Detention

SUBJECT



NUMEROUS
ABRASIONS
AND
BRUISES

23. Anterior View



NUMEROUS
ABRASIONS
AND
BRUISES

Posterior View

BAKER

Key West Police Department

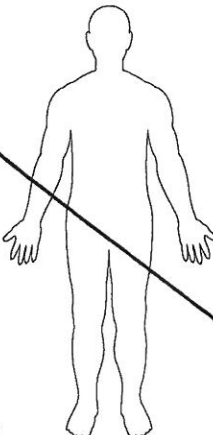
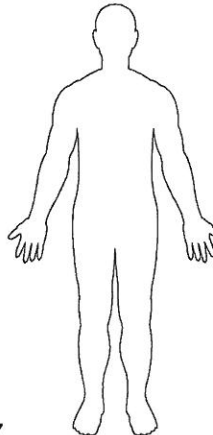
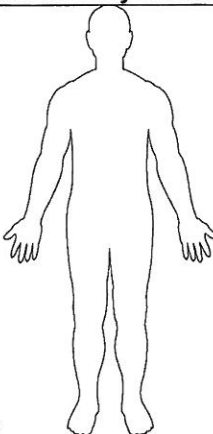
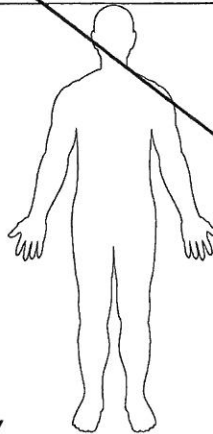
Case No: 14-2330

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Version Date: 051310
Page 2 of 4

Response to Resistance Report (continued)

Key West Police Department

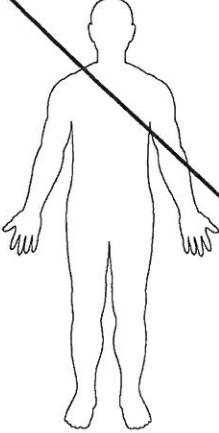
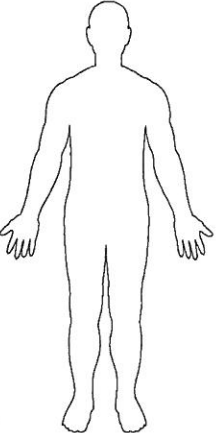
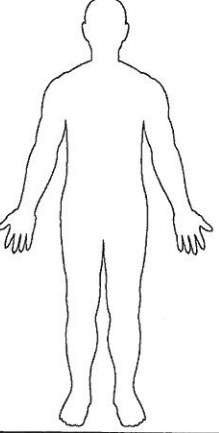
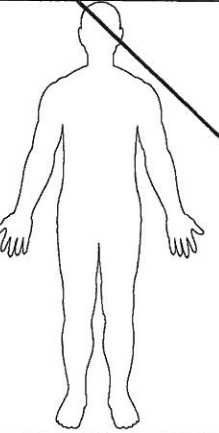
Case No: 14-2330

INCIDENT	51. Description (Section 10 continued): Ofc. Sims gave verbal commands to stop resisting but _____ jumped up and trashed around. Ofc. Sims, still holding onto _____'s hair directed her to the ground in a controlled manner. Ofc. Clark arrived and placed a hobble device on _____'s legs. _____ was later transported to the ER by Care Ambulance and a Baker Act form was completed. I responded to the scene and met with _____ was sitting on the ground handcuffed and hobbled. I identified myself to _____ and asked her what happened. _____ said she would not answer any of my questions and refused to talk to me. I met with _____ fiancé. _____ explained that _____ was a recovering			
OFFICER	24. Officer: David Fraga 25. Race: W 26. Sex: M 27. Age: 25 28. Duty Status: <input checked="" type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment <input checked="" type="checkbox"/> Uniformed <input type="checkbox"/> Plain clothes 29. Yrs Exp: 2 30. Injuries: <input checked="" type="checkbox"/> No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 34) 31. Photographed: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 32. Treated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital 33. Response option used by this officer: (If TASER®, also reference line number from TASER® section)			
	 34. Anterior View		 Posterior View	
OFFICER	24. Officer: _____ 25. Race: _____ 26. Sex: _____ 27. Age: _____ 28. Duty Status: <input type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment <input type="checkbox"/> Uniformed <input type="checkbox"/> Plain clothes 29. Yrs Exp: _____ 30. Injuries: <input type="checkbox"/> No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 34) 31. Photographed: <input type="checkbox"/> No <input type="checkbox"/> Yes 32. Treated: <input type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital 33. Response option used by this officer: (If TASER®, also reference line number from TASER® section)			
	 34. Anterior View		 Posterior View	

Response to Resistance Report (continued)

Key West Police Department

Case No: 14-2330

INCIDENT	51. Description (Section 10 continued): alcohol/drug addict and had relapsed tonight. said was upset and arguing with him about a business they had just sold. said jumped out of the truck while they were driving. I asked I if he saw being handcuffed and he did. said was being combative with the officers and the officers could not control her. said the officers took to the ground, he understands why and agrees with their decision.			
OFFICER	24. Officer: 25. Race: 26. Sex: 27. Age:			
	28. Duty Status: <input type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment <input type="checkbox"/> Uniformed <input type="checkbox"/> Plain clothes 29. Yrs Exp:			
OFFICER	30. Injuries: <input type="checkbox"/> No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 34)			
	31. Photographed: <input type="checkbox"/> No <input type="checkbox"/> Yes 32. Treated: <input type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital			
OFFICER	33. Response option used by this officer: (If TASER®, also reference line number from TASER® section)			
OFFICER	 34. Anterior View		 Posterior View	
OFFICER	24. Officer: 25. Race: 26. Sex: 27. Age:			
	28. Duty Status: <input type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment <input type="checkbox"/> Uniformed <input type="checkbox"/> Plain clothes 29. Yrs Exp:			
OFFICER	30. Injuries: <input type="checkbox"/> No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 34)			
	31. Photographed: <input type="checkbox"/> No <input type="checkbox"/> Yes 32. Treated: <input type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital			
OFFICER	33. Response option used by this officer: (If TASER®, also reference line number from TASER® section)			
OFFICER	 34. Anterior View		 Posterior View	

Response to Resistance Report

Key West Police Department

Case No: 14-2498

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

- ☒ A response through the use of non-lethal weapons,
☒ 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)

2. Date: 05/23/14 3. Time: 2142 4. Location: 1100 Olivia Street 5. Incident type: Narcotics

6. Resistance Level

- ☐ Passive:
☒ Active:
☐ Aggressive:
☐ Deadly Force:

7. Explanation

Running away

8. Response Option

- ☐ Physical Control
☒ Non-lethal Weapon
☐ Deadly Force

9. Explanation

TASER

10. Description of Incident: (If additional space is needed, continue in section 51 or use separate page if needed)

Upon attempt to arrest Quentin Warren by detectives, Quentin Warren fled on foot. Detectives gave chase. Quentin Warren slid on sand and landed on ground. TASER was deployed by Detective Randall Smith. One probe made contact with belt line, the other on missed. Warren was arrested and treated by rescue. Warren was transported by rescue to the hospital for possible ingestion of drugs.

11. Last Name: Quentin

12. First: Warren

13. Race: B

14. Sex: M

15. DOB: 7/13/80

16. Height: 5'5

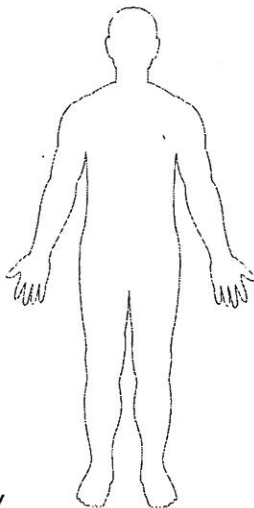
17. Weight: 130

18. Did you observe the subject: ☐ No ☒ Yes If NO, explain why in Section 5. If "YES", complete sections 19-23

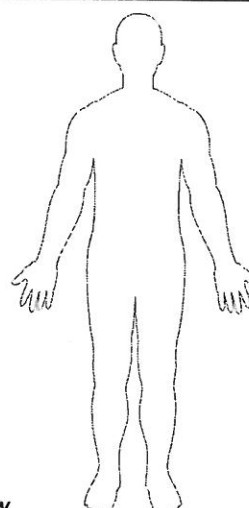
19. Appeared to be: ☐ Intoxicated ☐ Under the influence of controlled substance ☐ Emotionally / mentally disturbed

20. Injuries: ☒ No ☒ Evident ☐ Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 23)

21. Photographed: ☐ No ☒ Yes 22. Treated: ☐ No ☒ Yes By: ☒ EMT/Paramedic on scene ☒ Hospital ☐ Detention



23. Anterior View

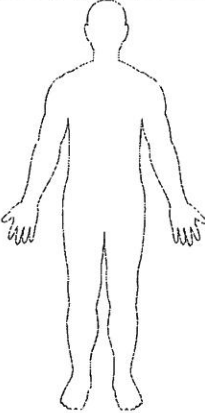
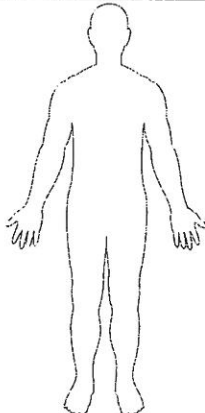


Posterior View

Response to Resistance Report (continued)

Key West Police Department

Case No: 14-2498

OFFICER	24. Officer: Randall Smith		25. Race: W	26. Sex: M	27. Age: 35
	28. Duty Status: <input checked="" type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment <input type="checkbox"/> Uniformed <input checked="" type="checkbox"/> Plain clothes		29. Yrs Exp: 9		
	30. Injuries: <input checked="" type="checkbox"/> No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 33)				
	31. Photographed: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 32. Treated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital				
33. Response option used by this officer: (If TASER®, also reference line number from TASER® section)					
					
34. Anterior View			Posterior View		
TASER USE ONLY	35. TASER® device serial # X000-508180			36. TASER® device serial #	
	TASER®Cam serial # V09-013593			TASER®Cam serial #	
	Cartridge 1 serial # C4102N83N			Cartridge 1 serial #	
	Cartridge 2 serial #			Cartridge 2 serial #	
	Number of cycles: N/A			Number of cycles:	
	Type of contact: <input checked="" type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun			Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun	
	Did probes penetrate skin: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Target distance at probe launch: 8 feet			Target distance at probe launch:	
	Distance between probes: 1 probe missed			Distance between probes:	
	Probes removed by (name): Mark Siracuse			Probes removed by (name):	
Device downloaded by: Sgt. Jewel			Device downloaded by:		
<input type="checkbox"/> 37. Check and list any additional TASER® devices, cartridges or details in the incident description section.					
SUPERVISOR'S INQUIRY	38. Notified Date: 5/23/14			39. Time: 2142	
	40. Did you respond to the scene: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why in section 10)				
	41. Did you meet with the Officer: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why in section 10)				
	42. Were you able to locate any independent witnesses: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," list below)				
	Name		Address		Phone Number
INT. AFF.	43. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS				
	44. Preparing Supervisor's Signature / ID			45. Date	
	46. Did the review of this incident conclude that use of force was in compliance with Departmental policy? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", complete section 49)			47. Signature of Internal Affairs Inspector	
49. If section 46 is "No" record the Professional Standards Control Number:			50. Date Entered:		

Response to Resistance Report

Key West Police Department

Case No: 14-2660

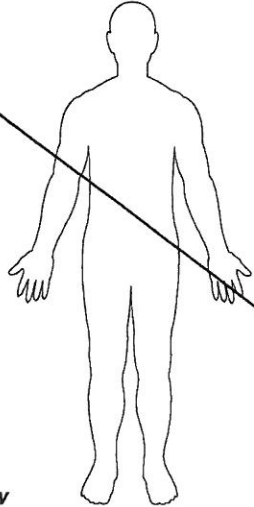
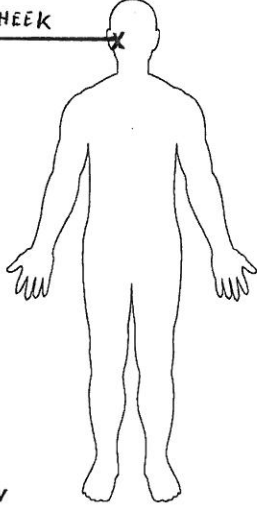
1. A Response to Resistance Report will be completed by the supervisor for: (Check all that apply)

- ☒ A response through the use of non-lethal weapons,
- ☒ 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: 5/31/14	3. Time: 0050hrs.	4. Location: 200 Blk Duval St.	5. Incident type: Trespass/Resist
	6. Resistance Level:	7. Explanation:	8. Response Option:	9. Explanation:
	<input type="checkbox"/> Passive:		<input checked="" type="checkbox"/> Physical Control	Take Down
	<input checked="" type="checkbox"/> Active:	Pushing/Pulling	<input checked="" type="checkbox"/> Non-lethal Weapon	TASER
	<input type="checkbox"/> Aggressive:		<input type="checkbox"/> Deadly Force	
	<input type="checkbox"/> Deadly Force:			
10. Description of Incident: (If additional space is needed, continue in section 51 or use separate page if needed) Officers Clark, Fraga and I, Sgt. B. Lariz were flagged down in front of Rick's Bar in reference to a trespasser. We walked in land located the subject, Cody Haughn in the store at Dirty Harry's bar in the rear of the Rick's complex. Officer Clark escorted Haughn out of the store and walked him to Charles St. While talking to Haughn I noticed he had slow slurred speech, bloodshot eyes, moved very slowly and was unsteady when standing. Officer Clark asked Haughn numerous times to sit on the curb before he finally complied. Officer Clark verified with dispatch that Haughn already had a trespass warning for the bar. Officer Clark then handcuffed Haughn while he was still sitting on the curb. I left the area to handle another call. Shortly after Officer Clark requested I return to the location. I responded from the 500 block of Greene St. on foot. Upon arrival Haughn was laying on the ground handcuffed and Officer Clark said he had TASED him. Officer Clark and Officer Cutie then assisted Haughn off the ground and placed him				

SUBJECT	11. Last Name: Haughn	12. First: Cody	13. Race: W	14. Sex: M
	15. DOB: 4/2/93	16. Height: 6'01"	17. Weight: 200	
	18. Did you observe the subject: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If NO, explain why in Section 5. If "YES", complete sections 19-23			
	19. Appeared to be: <input checked="" type="checkbox"/> Intoxicated <input type="checkbox"/> Under the influence of controlled substance <input type="checkbox"/> Emotionally / mentally disturbed			
	20. Injuries: <input type="checkbox"/> No <input checked="" type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 23)			
	21. Photographed: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 22. Treated: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes By: <input checked="" type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital <input type="checkbox"/> Detention			
23. Anterior View		Posterior View		

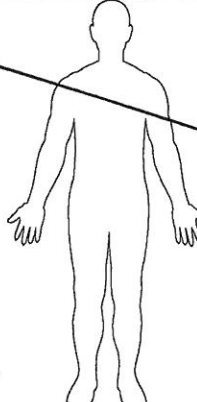
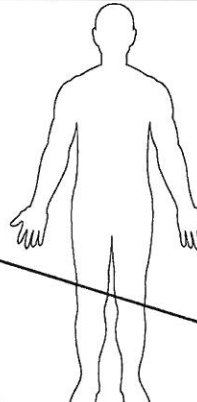
ABRASION CHEEK



Response to Resistance Report (continued)

Key West Police Department

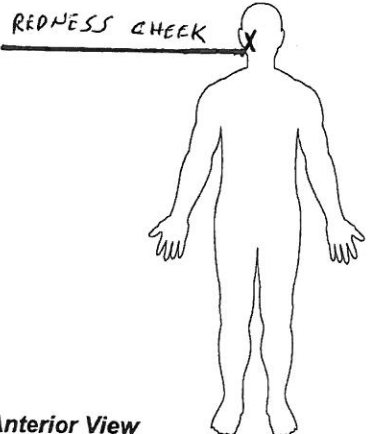
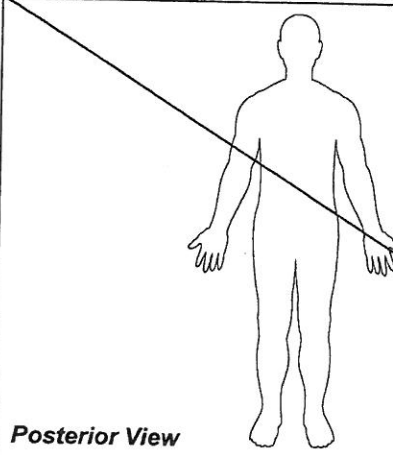
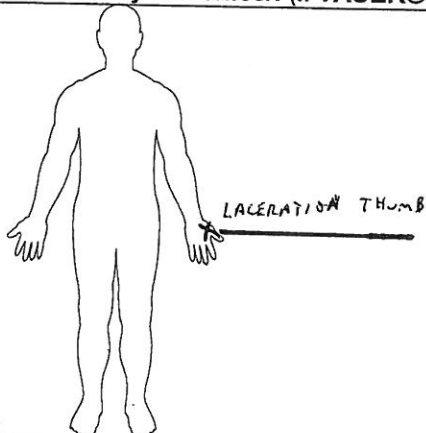
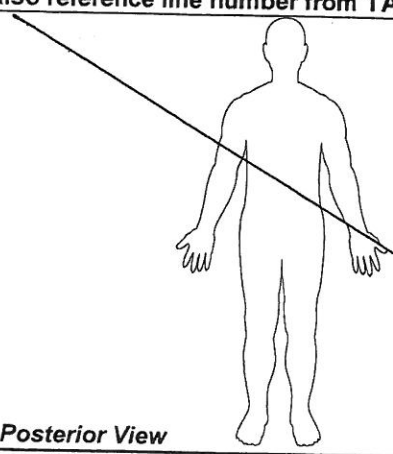
Case No: 14-2660

OFFICER	24. Officer: Thomas Clark			25. Race: W		26. Sex: M		27. Age: 25	
	28. Duty Status: <input checked="" type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment			<input checked="" type="checkbox"/> Uniformed <input type="checkbox"/> Plain clothes		29. Yrs Exp: 2			
	30. Injuries: <input checked="" type="checkbox"/> No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 33)								
	31. Photographed: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			32. Treated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital			
	33. Response option used by this officer: (If TASER®, also reference line number from TASER® section) 35								
TASER USE ONLY									
	34. Anterior View				35. Posterior View				
TASER USE ONLY	35. TASER® device serial # X00-474900				36. TASER® device serial #				
	TASER®Cam serial # V09-013581				TASER®Cam serial #				
	Cartridge 1 serial # N/A				Cartridge 1 serial #				
	Cartridge 2 serial # N/A				Cartridge 2 serial #				
	Number of cycles: 3				Number of cycles:				
	Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input checked="" type="checkbox"/> Drive Stun				Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun				
	Did probes penetrate skin: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Target distance at probe launch: N/A				Target distance at probe launch:				
	Distance between probes: N/A				Distance between probes:				
	Probes removed by (name): N/A				Probes removed by (name):				
Device downloaded by: Sgt. B. Lariz				Device downloaded by:					
<input type="checkbox"/> 37. Check and list any additional TASER® devices, cartridges or details in the incident description section.									
SUPERVISOR'S INQUIRY	38. Notified Date: 5/31/14				39. Time: 0050 hrs				
	40. Did you respond to the scene: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why in section 10)								
	41. Did you meet with the Officer: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why in section 10)								
	42. Were you able to locate any independent witnesses: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "Yes," list below)								
	Name		Address			Phone Number			
	David Einhorn		1805 Blanche St. Key West, FL. 33040			(305) 849-5105			
	Andrew Becker		3930 S. Roosevelt Blvd. # 411-W			(305) 849-6284			
James Gray		1331 Sunset Dr. Key West, FL. 33040			(305) 360-0704				
INT. AFF.	43. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				SGT. B. LARIZ B. Lariz 2705				
	FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS				44. Preparing Supervisor's Signature / ID				
	46. Did the review of this incident conclude that use of force was in compliance with Departmental policy? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", complete section 49)				47. Signature of Internal Affairs Inspector				
	49. If section 46 is "No" record the Professional Standards Control Number:				50. Date Entered:				

Response to Resistance Report (continued)

Key West Police Department

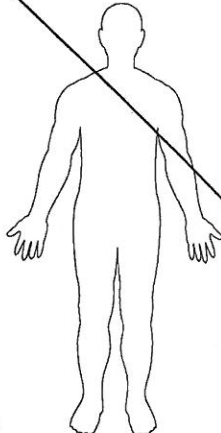
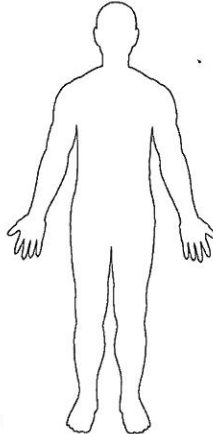
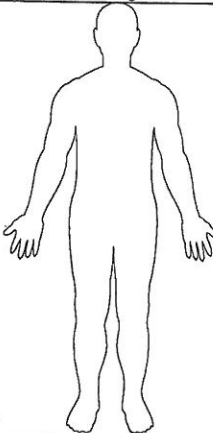
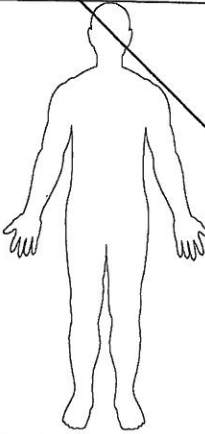
Case No: 14-2660

INCIDENT	51. Description (Section 10 continued): into the rear of Officer Cutie's patrol car. Officers had to apply force by pushing Haughn to get into the car because he tensed his body and refused. Prior to my arrival the second time officers Clark, Cutie and Morris tried to put Haughn in the transport van but he tensed and put his feet on the van pushing off. Officer Morris cut his finger and stepped away. Officer Clark after verbal warnings delivered a drive stun to Haughn. Officers Clark and Cutie then walked Haughn to Cutie's patrol car to try and put him I there. Haughn then pushed off the rear quarter panel of the patrol car with his feet, which caused his head to strike Officer Cutie's right cheek and almost knocked both officers to the ground. Officer Cutie then redirected Haughn to the ground. Haughn was still resisting, twisting and pulling so	
OFFICER	24. Officer: Edward Cutie 25. Race: W 26. Sex: M 27. Age: 24 28. Duty Status: <input checked="" type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment <input checked="" type="checkbox"/> Uniformed <input type="checkbox"/> Plain clothes 29. Yrs Exp: 2 30. Injuries: <input type="checkbox"/> No <input checked="" type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 34) 31. Photographed: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 32. Treated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital 33. Response option used by this officer: (If TASER®, also reference line number from TASER® section)	
	34. Anterior View 	Posterior View 
OFFICER	24. Officer: Deandre Morris 25. Race: B 26. Sex: M 27. Age: 24 28. Duty Status: <input checked="" type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment <input checked="" type="checkbox"/> Uniformed <input type="checkbox"/> Plain clothes 29. Yrs Exp: .6 30. Injuries: <input type="checkbox"/> No <input checked="" type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on areas on charts in Section 34) 31. Photographed: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 32. Treated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital 33. Response option used by this officer: (If TASER®, also reference line number from TASER® section)	
	34. Anterior View 	Posterior View 

Response to Resistance Report (continued)

Key West Police Department

Case No: 14-2660

INCIDENT	51. Description (Section 10 continued): Officer Clark delivered another drive stun. I met with Haughn in the rear of the patrol car and asked him if he was injured. Haughn said he hurt all over. Officer Cutie had rescue respond and Haughn was treated on scene. Due to Haughn aggressive behavior I did not try to remove him for photographs, I had Officer Cutie take photos at the jail. He obtained limited photos because MCSO staff placed Haughn in a restraint chair due to his aggressive behavior at the jail. I met with three witnesses to the arrest. David Einhorn and Andrew Becker told me similar descriptions of the incident, which were the same as the officer told me (see witness statements). Another witness, James Gray said he just saw Haughn on the ground handcuffed. 2 notice of injury reports were also completed.	
OFFICER	24. Officer: _____ 25. Race: _____ 26. Sex: _____ 27. Age: _____ 28. Duty Status: <input type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment <input type="checkbox"/> Uniformed <input type="checkbox"/> Plain clothes 29. Yrs Exp: _____ 30. Injuries: <input type="checkbox"/> No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 34) 31. Photographed: <input type="checkbox"/> No <input type="checkbox"/> Yes 32. Treated: <input type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital 33. Response option used by this officer: (If TASER®, also reference line number from TASER® section) _____	
	<div>34. Anterior View </div>	<div>Posterior View </div>
OFFICER	24. Officer: _____ 25. Race: _____ 26. Sex: _____ 27. Age: _____ 28. Duty Status: <input type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment <input type="checkbox"/> Uniformed <input type="checkbox"/> Plain clothes 29. Yrs Exp: _____ 30. Injuries: <input type="checkbox"/> No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 34) 31. Photographed: <input type="checkbox"/> No <input type="checkbox"/> Yes 32. Treated: <input type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital 33. Response option used by this officer: (If TASER®, also reference line number from TASER® section) _____	
	<div>34. Anterior View </div>	<div>Posterior View </div>

Response to Resistance Report

Key West Police Department

Case No:

14-2729

1. A Response to Resistance Report will be completed by the supervisor for:

(Check all that apply)

- ☒ A response through the use of non-lethal weapons,
☐ 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)

2. Date: 6/4/14

3. Time: 0300

4. Location: MCSO Jail

5. Incident type: Resisting

6. Resistance Level

7. Explanation

8. Response Option

9. Explanation

- ☒ Passive: Non-Compliance
☒ Active: Pulling trousers
☒ Aggressive: Overt Aggressive Actions
☐ Deadly Force:

- ☒ Physical Control
☐ Non-lethal Weapon
☐ Deadly Force

Leg Sweep

INCIDENT

10. Description of Incident: (If additional space is needed, continue in section 51 or use separate page if needed)
Officer Bouvier was dispatched to a trespasser at the Courtyard Marriot who was given a previous trespass warning just hours before by Ofc. Garrido. Trespasser, RUSICH was subsequently arrested at the request of Courtyard Marriot security. RUSICH was then transported to the jail. Upon arrival at the jail, RUSICH became non-compliant by refusing to exit the car. RUSICH was finally coaxed and complied. Being escorted to the elevator, RUSICH begins to jerk her body and then attempts to face Ofc. Bouvier. Ofc. Bouvier with only one hand spins her away and they get into the elevator. Once in the elevator, RUSICH again starts to jerk her body and again attempts to turn around to confront Ofc. Bouvier. Ofc. Bouvier at this point puts his laptop down grabs ahold of her and pins her in the elevator wall to keep her from moving. Once the elevator arrives on the 1st floor, Ofc. Bouvier is seen struggling with RUSICH and Ofc. Bouvier employs a leg sweep and both he and RAUSICH fall to the floor. Sgt. Harper is seen very quickly going over to assist Ofc. Bouvier in controlling RAUSICH

11. Last Name: Rusich,

12. First: Jessica

13. Race: B

14. Sex: F

15. DOB: 10JULY1982

16. Height: 5'10"

17. Weight: 145

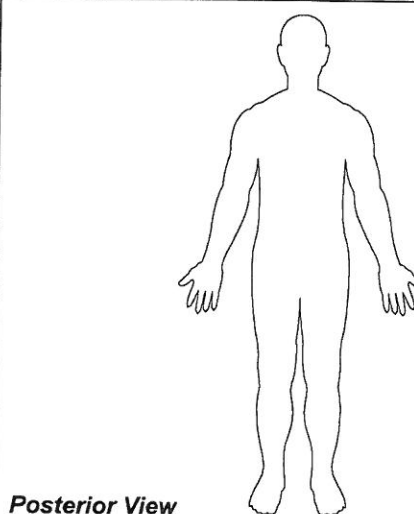
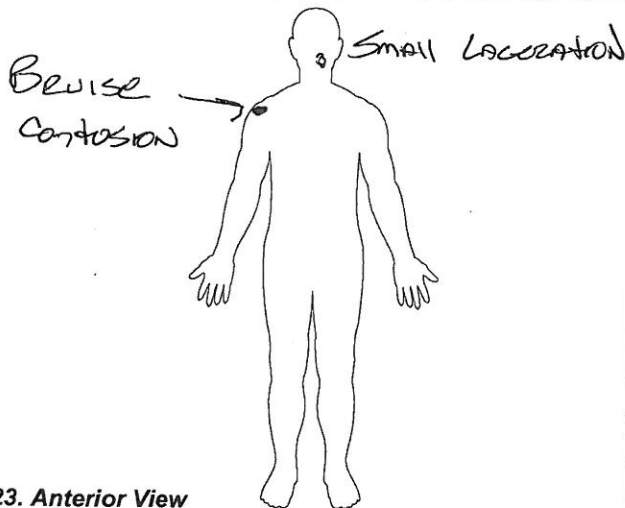
18. Did you observe the subject: ☐ No ☒ Yes If NO, explain why in Section 5. If "YES", complete sections 19-23

19. Appeared to be: Intoxicated ☐ Under the influence of controlled substance ☒ Emotionally / mentally disturbed

20. Injuries: ☐ No ☒ Evident ☐ Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 23)

21. Photographed: ☐ No ☒ Yes 22. Treated: ☐ No ☒ Yes By: ☐ EMT/Paramedic on scene ☐ Hospital ☒ Detention

SUBJECT



Response to Resistance Report (continued)

Key West Police Department

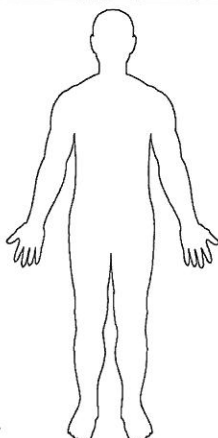
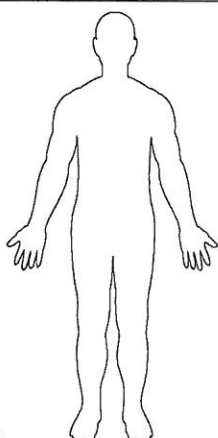
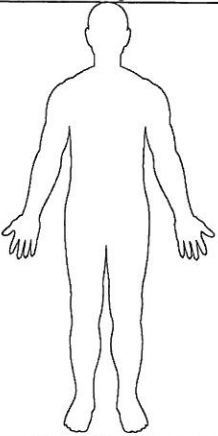
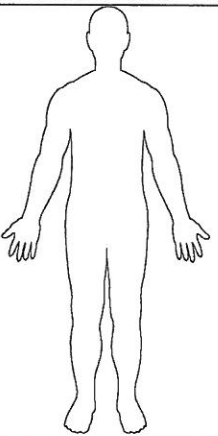
Case No: 14-2729

OFFICER	24. Officer: Bouvier, K		25. Race: B	26. Sex: M	27. Age: 31	
	28. Duty Status: <input checked="" type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment		<input checked="" type="checkbox"/> Uniformed <input type="checkbox"/> Plain clothes		29. Yrs Exp: 3	
	30. Injuries: <input type="checkbox"/> No <input type="checkbox"/> Evident <input checked="" type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 33)					
	31. Photographed: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 32. Treated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital					
33. Response option used by this officer: (If TASER®, also reference line number from TASER® section) Leg Sweep						
34. Anterior View		Posterior View				
TASER USE ONLY	35. TASER® device serial #		36. TASER® device serial #			
	TASER®Cam serial #		TASER®Cam serial #			
	Cartridge 1 serial #		Cartridge 1 serial #			
	Cartridge 2 serial #		Cartridge 2 serial #			
	Number of cycles:		Number of cycles:			
	Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun		Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun			
	Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No N/A		Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Target distance at probe launch: N/A		Target distance at probe launch:			
	Distance between probes: N/A		Distance between probes:			
	Probes removed by (name): N/A		Probes removed by (name):			
Device downloaded by:		Device downloaded by:				
<input type="checkbox"/> 37. Check and list any additional TASER® devices, cartridges or details in the incident description section.						
SUPERVISOR'S INQUIRY	38. Notified Date:		39. Time:			
	40. Did you respond to the scene: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why in section 10)					
	41. Did you meet with the Officer: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why in section 10)					
	42. Were you able to locate any independent witnesses: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "Yes," list below)					
	Name		Address		Phone Number	
	Video provided by MCSO					
Detention						
43. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Sgt. F. Blasberg/1598			04JUNE2014	
FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS		44. Preparing Supervisor's Signature / ID			45. Date	
INT. AFF.	46. Did the review of this incident conclude that use of force was in compliance with Departmental policy? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", complete section 49)		47. Signature of Internal Affairs Inspector			48. Date

Response to Resistance Report (continued)

Key West Police Department

Case No: 14-2729

INCIDENT	<p>51. Description (Section 10 continued): RUSICH sustained a very small laceration to her chin and she complained that her shoulder was bruised. Photos were taken and the Nurse at the jail checked her and she was accepted into the detention center.</p> <p>RUSICH, who by her own admission is suffering from a mental disorder, initially claimed Ofc. Bouvier had "Touched" her in an inappropriate manner which she recanted and then stated he "Grabbed me with nasty hands and tried to kill me" When I asked RUSICH how I should proceed, she stated, "I just want to go to bed and get out in the morning"</p> <p>Photos and videos attached to this report. NOI completed for Ofc. Bouvier</p>	
OFFICER	<p>24. Officer: _____ 25. Race: _____ 26. Sex: _____ 27. Age: _____</p> <p>28. Duty Status: <input type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment <input type="checkbox"/> Uniformed <input type="checkbox"/> Plain clothes 29. Yrs Exp: _____</p> <p>30. Injuries: <input type="checkbox"/> No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 34)</p> <p>31. Photographed: <input type="checkbox"/> No <input type="checkbox"/> Yes 32. Treated: <input type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital</p> <p>33. Response option used by this officer: (If TASER®, also reference line number from TASER® section) Restraint</p>	
		
		
	<p>34. Anterior View Posterior View</p>	
OFFICER	<p>24. Officer: _____ 25. Race: _____ 26. Sex: _____ 27. Age: _____</p> <p>28. Duty Status: <input type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment <input type="checkbox"/> Uniformed <input type="checkbox"/> Plain clothes 29. Yrs Exp: _____</p> <p>30. Injuries: <input type="checkbox"/> No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 34)</p> <p>31. Photographed: <input type="checkbox"/> No <input type="checkbox"/> Yes 32. Treated: <input type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital</p> <p>33. Response option used by this officer: (If TASER®, also reference line number from TASER® section)</p>	
		
		
	<p>34. Anterior View Posterior View</p>	

Response to Resistance Report

Key West Police Department

Case No: 14-2798

1. A Response to Resistance Report will be completed by the supervisor for:

(Check all that apply)

- ☒ A response through the use of non-lethal weapons,
☐ 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)

2. Date: 6/5/14

3. Time: 1900

4. Location: 320 Angela

5. Incident type: Resisting

6. Resistance Level

7. Explanation

8. Response Option

9. Explanation

☒ Passive:

Non-Compliance

☐ Physical Control

☒ Active:

Flight

☒ Non-lethal Weapon

TASER

☐ Aggressive:

☐ Deadly Force

☐ Deadly Force:

10. Description of Incident: (If additional space is needed, continue in section 51 or use separate page if needed)

Detectives Leahy and Siracuse were on duty, plain clothes in an unmarked police car. Around the "Stock Island Grocery", they observed a W/M, later identified as MARTINEZ, riding his bicycle South on Emma and then east on Julia then onto Howe St and then went down Truman Ave. eastbound, which is the wrong way on that portion of the roadway. MARTINEZ then turned left onto Thomas and went northbound and ran the stop sign on Thomas and Olivia, then went west on Olivia which is the wrong way for that portion of the roadway. MARTINEZ then turned onto Baptist and went down Chapman Ln. MARTINEZ then ran the stop sign at Chapman and Angela and turned right onto Angela and ran the stop sign there at Thomas St.. Detectives then activated the cars emergency lights and sirens which MARTINEZ acknowledged by looking back and disregarded by pedaling his bicycle faster in an attempt to flee. As he was fleeing, MARTINEZ jumped the curb near the middle 300 block of Angela adjacent to Robert Gabriel Apts. and in the process the bicycle chain separated and the bicycle was no longer operational.

11. Last Name: Martinez

12. First: Joseph

13. Race: W

14. Sex: Male

15. DOB: 10/7/1983

16. Height: 505

17. Weight: 145

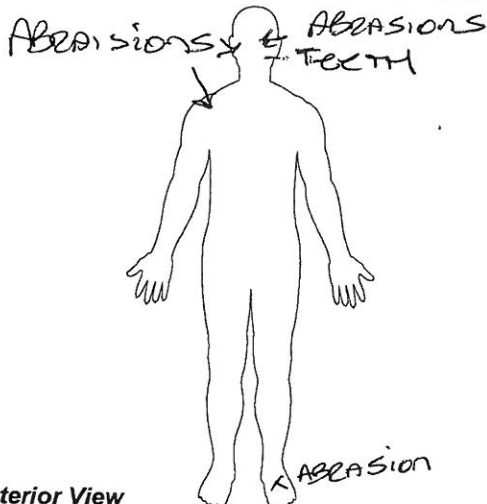
18. Did you observe the subject: ☐ No ☒ Yes

If NO, explain why in Section 5. If "YES", complete sections 19-23

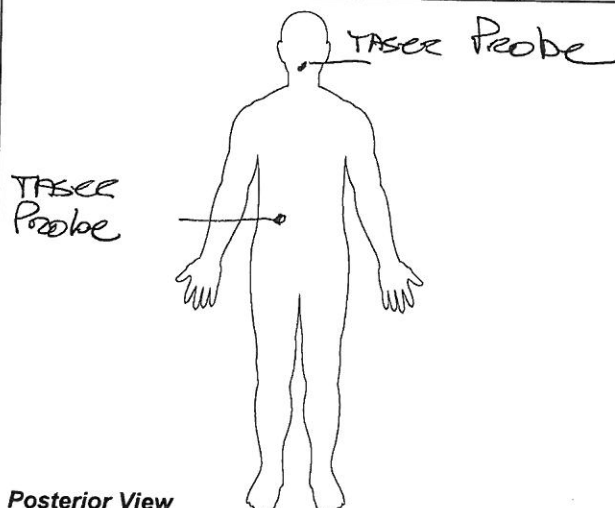
19. Appeared to be: Intoxicated ☒ Under the influence of controlled substance ☐ Emotionally / mentally disturbed

20. Injuries: ☐ No ☒ Evident ☐ Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 23)

21. Photographed: ☐ No ☒ Yes 22. Treated: ☐ No ☒ Yes By: ☒ EMT/Paramedic on scene ☒ Hospital ☐ Detention



23. Anterior View

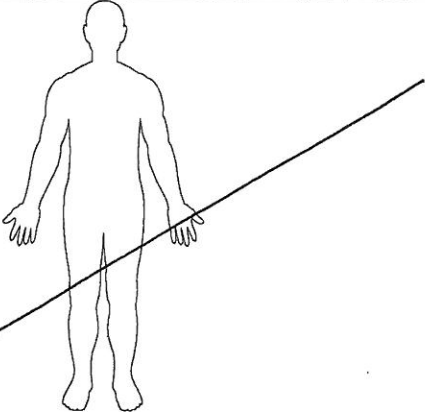
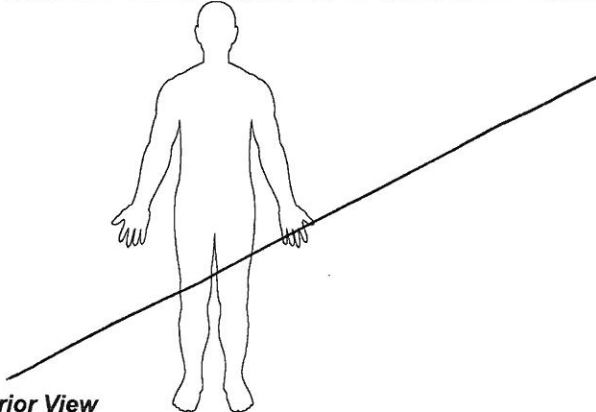


Posterior View

Response to Resistance Report (continued)

Key West Police Department

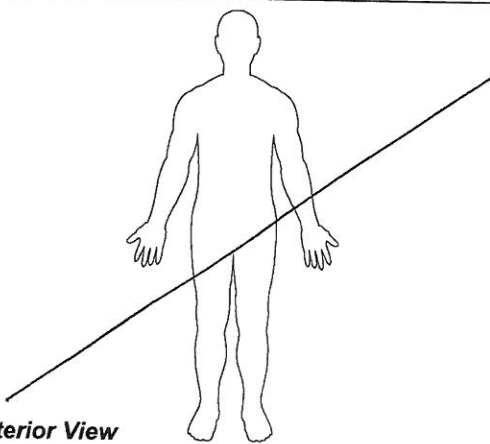
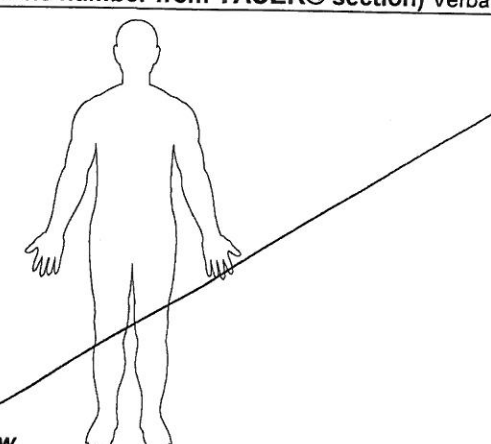
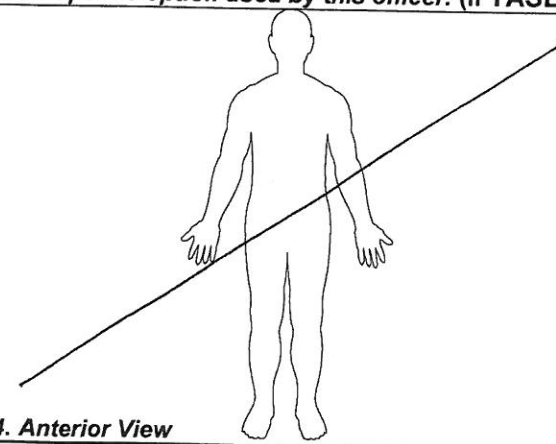
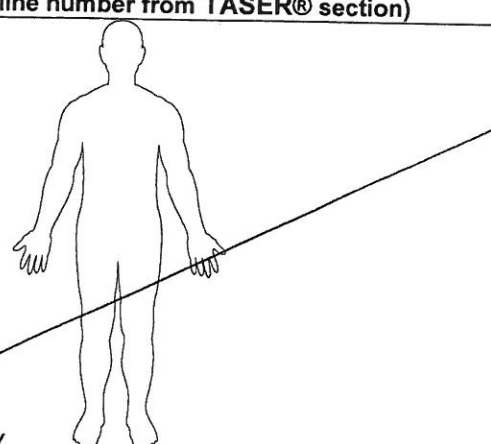
Case No: 14-2798

OFFICER	24. Officer: Siracuse Mark		25. Race: White	26. Sex: M	27. Age: 27
	28. Duty Status: <input checked="" type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment <input type="checkbox"/> Uniformed <input checked="" type="checkbox"/> Plain clothes		29. Yrs Exp: 4		
	30. Injuries: <input checked="" type="checkbox"/> No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 33)				
	31. Photographed: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 32. Treated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital				
33. Response option used by this officer: (If TASER®, also reference line number from TASER® section) TASER					
OFFICER					
	34. Anterior View		Posterior View		
TASER USE ONLY	35. TASER® device serial # X00684477		36. TASER® device serial #		
	TASER®Cam serial # V13000488		TASER®Cam serial #		
	Cartridge 1 serial # 100M2DE		Cartridge 1 serial #		
	Cartridge 2 serial #		Cartridge 2 serial #		
	Number of cycles: 1		Number of cycles:		
	Type of contact: <input checked="" type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun		Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun		
	Did probes penetrate skin: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No N/A		Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Target distance at probe launch: 15'-19'		Target distance at probe launch:		
	Distance between probes: 2.5'		Distance between probes:		
	Probes removed by (name): Det Siracuse		Probes removed by (name):		
Device downloaded by: Sgt. Blasberg		Device downloaded by:			
<input type="checkbox"/> 37. Check and list any additional TASER® devices, cartridges or details in the incident description section.					
SUPERVISOR'S INQUIRY	38. Notified Date: 8JUNE2014		39. Time: 1911		
	40. Did you respond to the scene: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why in section 10)				
	41. Did you meet with the Officer: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why in section 10)				
	42. Were you able to locate any independent witnesses: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," list below)				
	Name		Address		Phone Number
SUPERVISOR'S INQUIRY					
INT. AFF.	43. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		44. Preparing Supervisor's Signature / ID		
	FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS		45. Date		
	46. Did the review of this incident conclude that use of force was in compliance with Departmental policy? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", complete section 49)		47. Signature of Internal Affairs Inspector		
49. If section 46 is "No" record the Professional Standards Control Number:		50. Date Entered:			

Response to Resistance Report (continued)

Key West Police Department

Case No: 14-2798

INCIDENT	<p>51. Description (Section 10 continued) MARTINEZ dismounted and Detectives exited and began a foot chase. Det. Leahy shouted, "Key West Police! Stop or I will Tase you!" This was yelled three times by Det Leahy. MARTINEZ disregarded and Det Siracuse yelled, Police! Stop! Or you will be Tased!" MARTINEZ again disregarded the commands and Det Siracuse deployed his Taser which incapacitated MARTINEZ (NMI)</p> <p>Detectives were not injured in the event. MARTINEZ suffered abrasions to the face, a possible concussion and two chipped front teeth. MARTINEZ was medically cleared from the ER, transported over to the MCDC and remanded to their custody</p>																															
OFFICER	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">24. Officer: Leahy, B</td><td style="width: 15%;">25. Race: W</td><td style="width: 15%;">26. Sex: M</td><td style="width: 20%;">27. Age: 45</td></tr> <tr> <td colspan="4">28. Duty Status: <input checked="" type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment <input type="checkbox"/> Uniformed <input checked="" type="checkbox"/> Plain clothes</td></tr> <tr> <td colspan="4">29. Yrs Exp: 7</td></tr> <tr> <td colspan="4">30. Injuries: <input checked="" type="checkbox"/> No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 34)</td></tr> <tr> <td colspan="4">31. Photographed: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td></tr> <tr> <td colspan="4">32. Treated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital</td></tr> <tr> <td colspan="4">33. Response option used by this officer: (If TASER®, also reference line number from TASER® section) Verbal Direction</td></tr> </table> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="width: 45%; text-align: center;">  <p>34. Anterior View</p> </div> <div style="width: 45%; text-align: center;">  <p>Posterior View</p> </div> </div>				24. Officer: Leahy, B	25. Race: W	26. Sex: M	27. Age: 45	28. Duty Status: <input checked="" type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment <input type="checkbox"/> Uniformed <input checked="" type="checkbox"/> Plain clothes				29. Yrs Exp: 7				30. Injuries: <input checked="" type="checkbox"/> No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 34)				31. Photographed: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				32. Treated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital				33. Response option used by this officer: (If TASER®, also reference line number from TASER® section) Verbal Direction			
24. Officer: Leahy, B	25. Race: W	26. Sex: M	27. Age: 45																													
28. Duty Status: <input checked="" type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment <input type="checkbox"/> Uniformed <input checked="" type="checkbox"/> Plain clothes																																
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30. Injuries: <input checked="" type="checkbox"/> No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 34)																																
31. Photographed: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes																																
32. Treated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital																																
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OFFICER	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">24. Officer:</td><td style="width: 15%;">25. Race:</td><td style="width: 15%;">26. Sex:</td><td style="width: 20%;">27. Age:</td></tr> <tr> <td colspan="4">28. Duty Status: <input type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment <input type="checkbox"/> Uniformed <input type="checkbox"/> Plain clothes</td></tr> <tr> <td colspan="4">29. Yrs Exp:</td></tr> <tr> <td colspan="4">30. Injuries: <input type="checkbox"/> No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 34)</td></tr> <tr> <td colspan="4">31. Photographed: <input type="checkbox"/> No <input type="checkbox"/> Yes</td></tr> <tr> <td colspan="4">32. Treated: <input type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital</td></tr> <tr> <td colspan="4">33. Response option used by this officer: (If TASER®, also reference line number from TASER® section)</td></tr> </table> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="width: 45%; text-align: center;">  <p>34. Anterior View</p> </div> <div style="width: 45%; text-align: center;">  <p>Posterior View</p> </div> </div>				24. Officer:	25. Race:	26. Sex:	27. Age:	28. Duty Status: <input type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment <input type="checkbox"/> Uniformed <input type="checkbox"/> Plain clothes				29. Yrs Exp:				30. Injuries: <input type="checkbox"/> No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 34)				31. Photographed: <input type="checkbox"/> No <input type="checkbox"/> Yes				32. Treated: <input type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital				33. Response option used by this officer: (If TASER®, also reference line number from TASER® section)			
24. Officer:	25. Race:	26. Sex:	27. Age:																													
28. Duty Status: <input type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment <input type="checkbox"/> Uniformed <input type="checkbox"/> Plain clothes																																
29. Yrs Exp:																																
30. Injuries: <input type="checkbox"/> No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 34)																																
31. Photographed: <input type="checkbox"/> No <input type="checkbox"/> Yes																																
32. Treated: <input type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital																																
33. Response option used by this officer: (If TASER®, also reference line number from TASER® section)																																

Response to Resistance Report

Key West Police Department

Case No: 14-002908

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

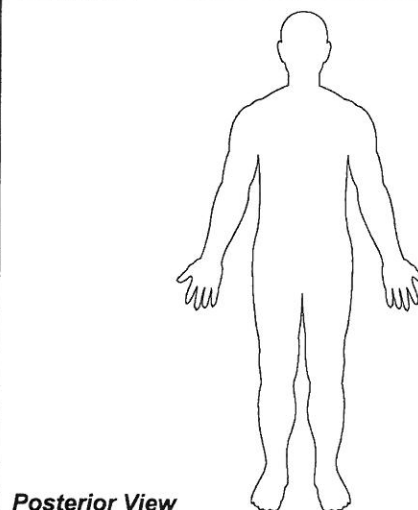
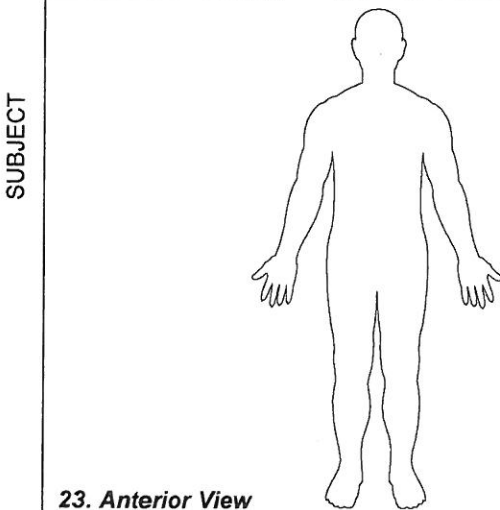
- ☐ A response through the use of non-lethal weapons,
☒ Applies weaponless physical force of strikes, kicks, or "take-downs"
☐ When any person sustains an apparent substantial or fatal injury as a result of the application of force
☐ When any person complains of injury as a result of the application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

2. Date: 6/14/14 3. Time: 1211 4. Location: 1500 Venitian Ave 5. Incident type: Resisting

6. Resistance Level	7. Explanation	8. Response Option	9. Explanation
<input type="checkbox"/> Passive:		<input checked="" type="checkbox"/> Physical Control	arm-bar takedown
<input checked="" type="checkbox"/> Active:	Tensing arms	<input type="checkbox"/> Non-lethal Weapon	
<input checked="" type="checkbox"/> Aggressive:	Pushed officer	<input type="checkbox"/> Deadly Force	
<input type="checkbox"/> Deadly Force:			

10. Description of Incident: (If additional space is needed, continue in section 51 or use separate page if needed)
While on patrol, Ofc Chaustit saw Gronvold hanging out in the same area he has previously been arrested on Venetian next to the PreSchool Co-op. Ofc Chaustit told Gonvold to leave the area and reminded him he had previously been arrested for being in the school safety zone. There were children in the area at this time.. Gonvold started to comply with Ofc Chaustit but then stopped. When Ofc Chaustit tried to get him to leave, Gonvold pushed him in the chest and told him to "stop it!". Ofc Chaustit told him that he was under arrest and tried to grab his arm. Gonvold then started trying to pull away and was yelling. Ofc Chaustit, using an arm-bar takedown, directed Gonvold to the ground. He was able to get one handcuff on but Gonvold kept the other arm under him. Ofc Chaustit was able to pull his arm out from under him and get him in handcuffs. Gonvold suffered minor abrasions to his face during the takedown. He was treated by rescue and taken to the jail.

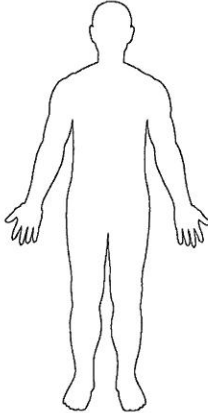
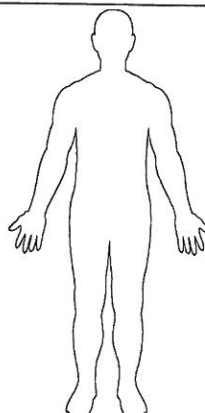
11. Last Name: Gonvold 12. First: Byron Joel 13. Race: W 14. Sex: M
15. DOB: 08/16/1948 16. Height: 6'1" 17. Weight: 185
18. Did you observe the subject: ☐ No ☒ Yes If NO, explain why in Section 5. If "YES", complete sections 19-23
19. Appeared to be: ☐ Intoxicated ☐ Under the influence of controlled substance ☒ Emotionally / mentally disturbed
20. Injuries: ☐ No ☒ Evident ☐ Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 23)
21. Photographed: ☐ No ☒ Yes 22. Treated: ☐ No ☒ Yes By: ☒ EMT/Paramedic on scene ☐ Hospital ☐ Detention



Response to Resistance Report (continued)

Key West Police Department

Case No: 14-002908

OFFICER	24. Officer: Michael Chaustit				25. Race: W		26. Sex: M		27. Age: 38	
	28. Duty Status: <input checked="" type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment				<input checked="" type="checkbox"/> Uniformed <input type="checkbox"/> Plain clothes		29. Yrs Exp: 6			
	30. Injuries: <input checked="" type="checkbox"/> No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 33)									
	31. Photographed: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				32. Treated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital					
33. Response option used by this officer: (If TASER®, also reference line number from TASER® section)										
OFFICER										
	34. Anterior View					Posterior View				
TASER USE ONLY	35. TASER® device serial # <u>N/A</u>					36. TASER® device serial # <u>N/A</u>				
	TASER®Cam serial #					TASER®Cam serial #				
	Cartridge 1 serial #					Cartridge 1 serial #				
	Cartridge 2 serial #					Cartridge 2 serial #				
	Number of cycles:					Number of cycles:				
	Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun					Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun				
	Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No					Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Target distance at probe launch:					Target distance at probe launch:				
	Distance between probes:					Distance between probes:				
	Probes removed by (name):					Probes removed by (name):				
Device downloaded by:					Device downloaded by:					
<input type="checkbox"/> 37. Check and list any additional TASER® devices, cartridges or details in the incident description section.										
SUPERVISOR'S INQUIRY	38. Notified Date: 6/14/14					39. Time: 1214				
	40. Did you respond to the scene: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why in section 10)									
	41. Did you meet with the Officer: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why in section 10)									
	42. Were you able to locate any independent witnesses: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," list below)									
	Name			Address			Phone Number			
INT. AFF.	43. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS									
	46. Did the review of this incident conclude that use of force was in compliance with Departmental policy? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", complete section 49)					44. Preparing Supervisor's Signature / ID <u>[Signature]</u> <u>1557</u>			45. Date <u>6/14/14</u>	
47. Signature of Internal Affairs Inspector <u>[Signature]</u> <u>1679</u>					48. Date <u>6/27/14</u>					
49. If section 46 is "No" record the Professional Standards Control Number:										50. Date Entered:

Response to Resistance Report

Key West Police Department

Case No: 14-3000

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

- ☐ A response through the use of non-lethal weapons,
☒ 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)

2. Date: 06/20/2014 3. Time: 4:40PM 4. Location: Atlantic & Bertha 5. Incident type: Trespass

6. Resistance Level

- ☐ Passive:
☐ Active:
☒ Aggressive:
☐ Deadly Force:

7. Explanation

Punched Officer on the face

8. Response Option

- ☒ Physical Control
☐ Non-lethal Weapon
☐ Deadly Force

9. Explanation

Arm Bar Take-Down

INCIDENT

10. Description of Incident: (If additional space is needed, continue in section 51 or use separate page if needed)

At around 1142 hours Officer Medina was investigating a trespass complaint at 1724 Laird Street, where the subject was seen trespassing. Officer Medina & M. Delvalle met with the complainant and searched the area for the trespasser with negative results. At approximately 1611 hours Officer Medina & M. Delvalle were dispatched back to meet with the complainant again, which saw the subject from the earlier trespass complaint trespassing on another property. When Officers arrived in the area they began looking on foot, minutes later Officer Medina located a subject fitting the description of the trespasser on the balcony of 1725 Josephine street two story apartment duplex. He asked the subject to follow him down and she did. Once downstairs Medina told her to sit on the pavement, the subject told Medina "he was not a Police Officer." (Officer Medina was wearing his class B uniform at the time he encountered the subject) The subject refused to sit and began to walk away from Medina. Officer Medina told her again to sit down, she told him again "he was not a Police Officer" and began to run from Medina, Officer Medina yelled at her to stop and after a brief foot chase Medina caught up to the subject. The subject turned around and scratched Medina on the face, Medina attempted to grab her wrist and arms, subject continued to resist by flailing her arms and in the process of flailing her arms she closed her fist and punched Medina on the left side of the face, knocking his glasses off. Medina was able to grab the subject's left wrist and conducted an Arm Bar Take-Down.

11. Last Name: Rusich 12. First: Jessica 13. Race: Black 14. Sex: Female

15. DOB: 07/10/1982 16. Height: 506 17. Weight: 130

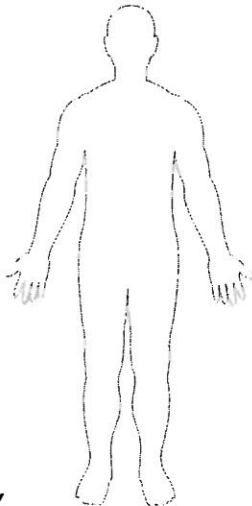
18. Did you observe the subject: ☐ No ☒ Yes If NO, explain why in Section 5. If "YES", complete sections 19-23

19. Appeared to be: ☐ Intoxicated ☐ Under the influence of controlled substance ☒ Emotionally / mentally disturbed

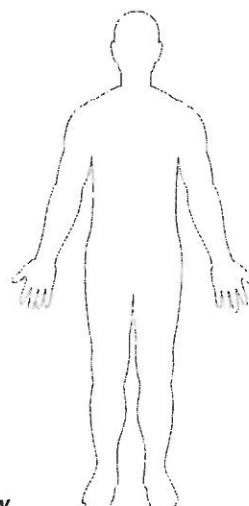
20. Injuries: ☒ No ☐ Evident ☐ Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 23)

21. Photographed: ☐ No ☒ Yes 22. Treated: ☐ No ☐ Yes By: ☐ EMT/Paramedic on scene ☐ Hospital ☐ Detention

SUBJECT



23. Anterior View

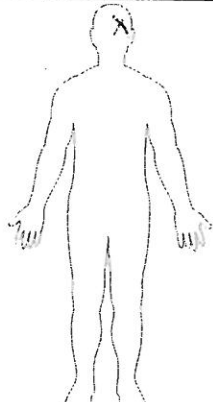
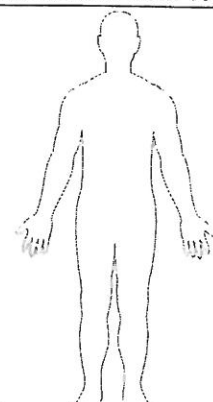


Posterior View

Response to Resistance Report (continued)

Key West Police Department

Case No: 14-3000

OFFICER	24. Officer: Gustavo Adolfo Medina			25. Race: Hispanic	26. Sex: Male	27. Age: 37
	28. Duty Status: <input checked="" type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment			<input checked="" type="checkbox"/> Uniformed	<input type="checkbox"/> Plain clothes	29. Yrs Exp: 3
	30. Injuries: <input type="checkbox"/> No <input checked="" type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 33)					
	31. Photographed: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 32. Treated: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes By: <input checked="" type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital					
33. Response option used by this officer: (If TASER®, also reference line number from TASER® section)						
OFFICER						
	34. Anterior View			Posterior View		
TASER USE ONLY	35. TASER® device serial #			36. TASER® device serial #		
	TASER®Cam serial #			TASER®Cam serial #		
	Cartridge 1 serial #			Cartridge 1 serial #		
	Cartridge 2 serial #			Cartridge 2 serial #		
	Number of cycles:			Number of cycles:		
	Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun			Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun		
	Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No			Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Target distance at probe launch:			Target distance at probe launch:		
	Distance between probes:			Distance between probes:		
	Probes removed by (name):			Probes removed by (name):		
Device downloaded by:			Device downloaded by:			
<input type="checkbox"/> 37. Check and list any additional TASER® devices, cartridges or details in the incident description section.						
SUPERVISOR'S INQUIRY	38. Notified Date: 06/20/14			39. Time: 4:40PM		
	40. Did you respond to the scene: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why in section 10)					
	41. Did you meet with the Officer: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why in section 10)					
	42. Were you able to locate any independent witnesses: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "Yes," list below)					
	Name		Address		Phone Number	
Greg Sullivan				(305) 797-3355		
INT. AFF.	43. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			44. Preparing Supervisor's Signature / ID		
	FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS			06/20/2014		
	46. Did the review of this incident conclude that use of force was in compliance with Departmental policy? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", complete section 49)			45. Date		
49. If section 46 is "No" record the Professional Standards Control Number:			47. Signature of Internal Affairs Inspector			
			48. Date			
			50. Date Entered:			