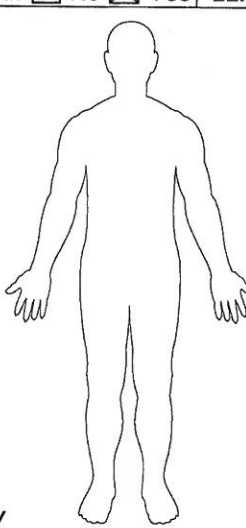
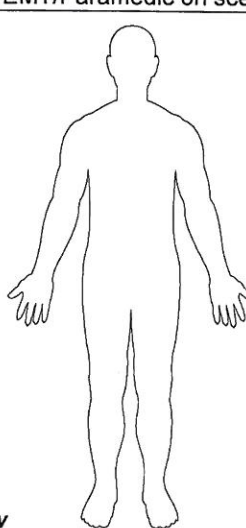


Response to Resistance Report

Key West Police Department

Case No: 14-4774

1. A Response to Resistance Report will be completed by the supervisor for: (Check all that apply)		
<input checked="" type="checkbox"/> A response through the use of non-lethal weapons,		
<input type="checkbox"/> Applies weaponless physical force of strikes, kicks, or "take-downs"		
<input type="checkbox"/> When any person sustains an apparent substantial or fatal injury as a result of the application of force		
<input type="checkbox"/> When any person complains of injury as a result of the application of force		
<input type="checkbox"/> Discharge of firearm in the line of duty off-duty or on-duty (other than for training, maintenance or ballistics testing)		
2. Date: 11OCT2014 3. Time: 0215 4. Location: 200 Blk Duval 5. Incident type: Large Fight		
6. Resistance Level 7. Explanation 8. Response Option 9. Explanation		
<input checked="" type="checkbox"/> Passive: Non Compliance <input type="checkbox"/> Physical Control		
<input checked="" type="checkbox"/> Active: Jerking, tensing <input checked="" type="checkbox"/> Non-lethal Weapon TASER		
<input type="checkbox"/> Aggressive:		
<input type="checkbox"/> Deadly Force:		
10. Description of Incident: (If additional space is needed, continue in section 51 or use separate page if needed)		
A large physical fight erupted in the 200 block of Duval St. approximately 0215 hours 11OCT2014. Units responded and discovered multiple parties involved. One of the main aggressors, AVILES, was bleeding and was highly agitated in front of Shorty's Market. When Officer Dean approached AVILES, AVILES was being "held back" by his friends who were attempting to calm him down. Officer Dean deemed AVILES to be a danger to persons in and about the area because he was being so aggressive with his friends. When Officer Dean, assisted by Officers Helfner and Andruzzi, attempted to detain AVILES he would not comply with the officers verbal commands. Upon grabbing his wrists, AVILES began to tense and aggressively pull away from the officers. Ofc. Dean pulled his department issued TASER, removed the cartridge, and then placed it against the back of AVILES, who was still actively resisting. Ofc. Dean gave numerous warnings that if he (AVILES) continued he would be TASED. AVILES did not comply and was subsequently "Drive Stunned" by Officer Dean. After he was "drive stunned" AVILES complied by putting his hands behind his back and was subsequently taken into custody without further incident.		
11. Last Name: Aviles 12. First: Adrian 13. Race: W 14. Sex: M		
15. DOB: 30JAN1993 16. Height: 5'11" 17. Weight: 155		
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

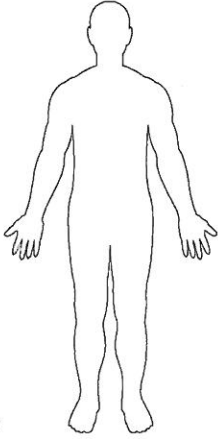
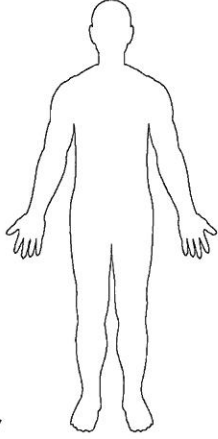
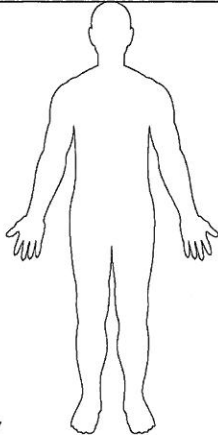
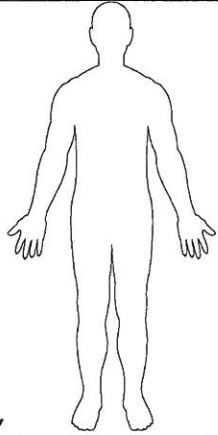
Case No: 14-4774

OFFICER	24. Officer: Dean, Jeff		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: 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					
	34. Anterior View		34. Posterior View			
TASER USE ONLY	35. TASER® device serial # X00631491		36. TASER® device serial #			
	TASER®Cam serial # V0913563		TASER®Cam serial #			
	Cartridge 1 serial # N/A		Cartridge 1 serial #			
	Cartridge 2 serial # N/A		Cartridge 2 serial #			
	Number of cycles: 1		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: 11OCT2014		39. Time: 0220			
	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		44. Preparing Supervisor's Signature / ID		45. Date	
	FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS		11OCT2014			
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 (continued)

Key West Police Department

Case No: 14-4774

INCIDENT	51. Description (Section 10 continued): AVILES was taken to the corner of Greene and Simonton Sts. due to the large crowd and his aggressive behavior. I met with both there and AVILES was then taken to the ER due to his injury incurred in the fight before police arrival. AVILES was medically cleared and remanded to MCDC. TASER video and pictures are attached to this report.			
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: 14-4989

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)

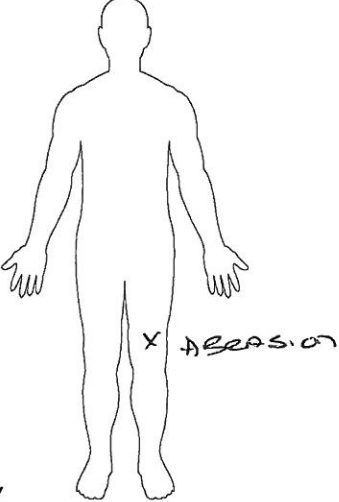
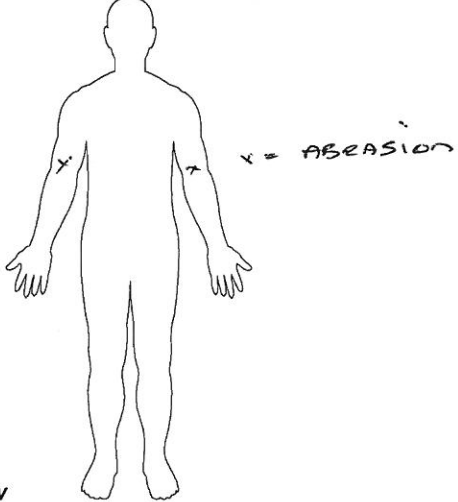
2. Date: 11OCT2014 3. Time: 0055 4. Location: 700 Duval 5. Incident type: Trespasser

6. Resistance Level	7. Explanation	8. Response Option	9. Explanation
<input checked="" type="checkbox"/> Passive:	Non Compliance	<input checked="" type="checkbox"/> Physical Control	Arm bar; knee spike
<input checked="" type="checkbox"/> Active:	Jerking, tensing	<input type="checkbox"/> Non-lethal Weapon	
<input checked="" type="checkbox"/> Aggressive:	Punching	<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)

Mangoes was having a special event (Cirque du Tutu) and had a very large crowd to the extent that patrons were overflowing into the adjacent streets (Angela & Duval). Officer Currul was temporarily assigned to the intersection to keep a watch on the event/patrons. Approximately 0055 a security person (Gil) flagged Officer Currul down regarding a trespasser (SCHREIBER) inside the business. Officer Currul responded and with Gil found SCHREIBER by the bar. Officer Currul identified himself and in his class B uniform, informed SCHREIBER he had to leave. SCHREIBER said he wasn't going to leave and he had friends at the bar with him. SCHREIBER appeared to be intoxicated (odor, watery glassy eyes, slurred speech). Officer Currul again asked him to leave and again SCHREIBER said he wasn't (passive). Officer Currul then grabbed SCHREIBER'S wrist and told him he was under arrest. SCHREIBER attempted to pull away, jerked his arm (active) and then attempted to punch Officer Currul (Aggressive) with his free arm/hand. SCHREIBER attempted to grab a hold of Officer Currul's ASP (carried on front of duty belt) during this and this is when Officer Currul used an arm bar take down brining SCHREIBER to the ground.

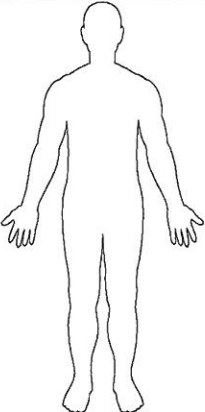
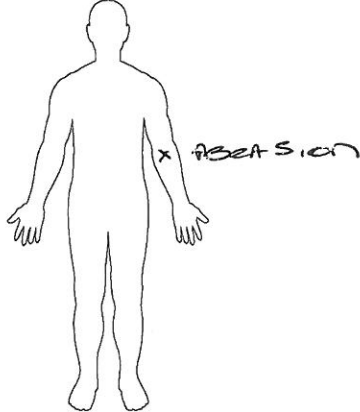
11. Last Name: Schreiber 12. First: Mark 13. Race: W 14. Sex: M
15. DOB: 26MAR1959 16. Height: 5'07 17. Weight: 160
18. Did you observe the subject: ☐ No ☒ Yes If NO, explain why in Section 5. If "YES", complete sections 19-23
19. Appeared to be: ☒ Intoxicated ☐ Under the influence of controlled substance ☐ 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	
 <p>23. Anterior View</p>	 <p>Posterior View</p>

Response to Resistance Report (continued)

Key West Police Department

Case No: 14-4989

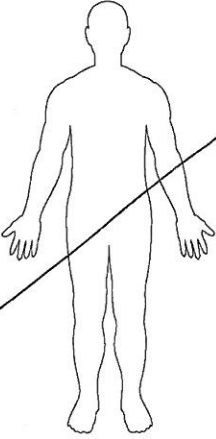
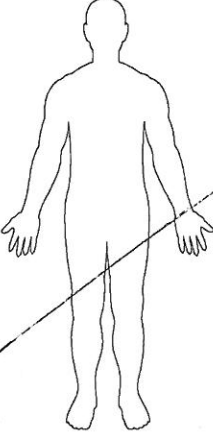
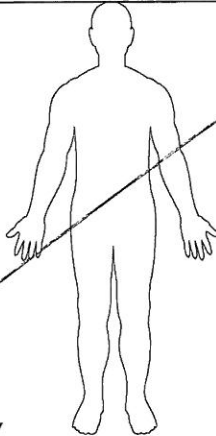
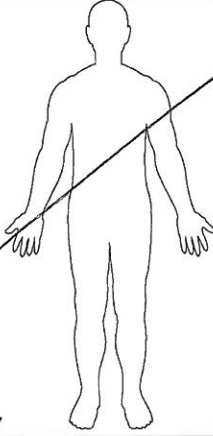
OFFICER	24. Officer: Currul, Robert				25. Race: W		26. Sex: M		27. Age: 42		
	28. Duty Status: <input checked="" type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment <input checked="" type="checkbox"/> Uniformed <input type="checkbox"/> Plain clothes						29. Yrs Exp: 18.5				
	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 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) arm bar/spike										
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 checked="" type="checkbox"/> CODS <input type="checkbox"/>					Type of contact: <input type="checkbox"/> Probe <input checked="" 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: 22OCT2014					39. Time: 0105					
	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 Anthony Gil					Address			Phone Number 305-896-8802		
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 (continued)

Key West Police Department

Case No:

14-4989

INCIDENT	51. Description (Section 10 continued): A brief scuffle ensued and SCHREIBER was taken into custody with the help of Gil. At the police car SCHREIBER would not enter the back seat and after numerous verbal commands to please sit, SCHREIBER was given 2 knee spikes (left thigh) which prompted SCHREIBER to cease and desist his behavior (not complying/attempting to kick) and he was finally secured in Officer Currul's police car. SCHREIBER had some minor abrasions/scrapes to his elbows and left knee. Officer Currul likewise had a scrape to his right elbow. Neither needed medical treatment and both were cleaned-up at the scene. SCHREIBER was charged with trespass after warning and resisting arrest WITH violence. He was remanded to MCDC (placed in chair because of his actions) without further incident. Pics are included.			
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	34. Anterior View 		Posterior View 	

Response to Resistance Report

Key West Police Department

Case No: 14-5075

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: 10/25/14

3. Time: 0215

4. Location: Rose Lane/Duval St.

5. Incident type: Battery LEO

6. Resistance Level

7. Explanation

8. Response Option

9. Explanation

☐ Passive:

☒ Active:

☒ Aggressive:

☐ Deadly Force:

Pulling/Pushing

Grabbed Throat

☐ 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)

Lt. Smith responded to a trespasser/aggressive female at Fat Tuesday Bar. Lt. Smith was advised by security that the female (Ellis) had struck security and patrons as well as thrown drinks on them. Ellis was being restrained by a white male, later identified as her boyfriend (Murray). Ellis approached security again and attempted to grab one by the throat, however due to securities evasive maneuver she only grabbed him by the shirt. Murray again pulled Ellis away. Lt. Smith displayed his Taser and attempted to control Murray, when she grabbed him by the throat and began to dig her nails in, breaking the skin. Lt. Smith pushed Ellis against a fence in attempt to get her to stop, however she only dug in harder. Lt. Smith deployed his TASER into Ellis' side which caused her to release her grip and fall to the ground. Lt. Smith continued to give her orders to stay down, which Ellis ignored. Lt. Smith deployed a second cycle in order to gain compliance from Ellis. Ellis was then able to be handcuffed.

11. Last Name: Ellis

12. First: Daysha

13. Race: B

14. Sex: F

15. DOB: 06/09/1993

16. Height: 5'06"

17. Weight: 120

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

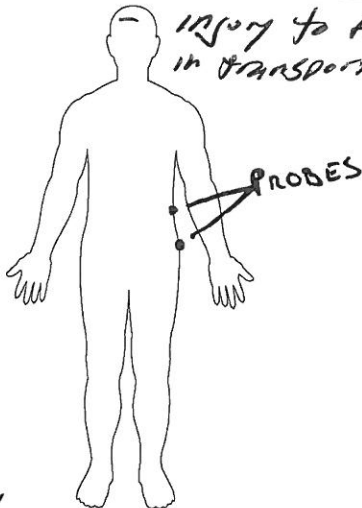
If NO, explain why in Section 5. If "YES", complete sections 19-23

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

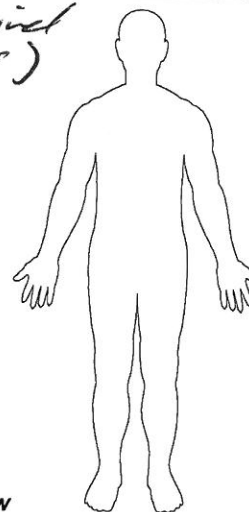
20. Injuries: ☐ No ☒ Evident ☐ Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 23)

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

SUBJECT



23. Anterior View

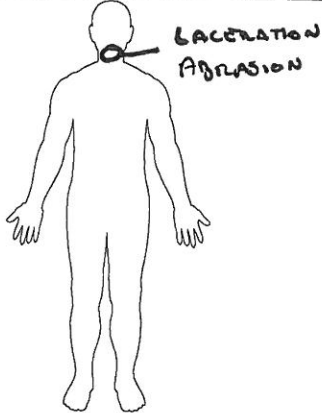
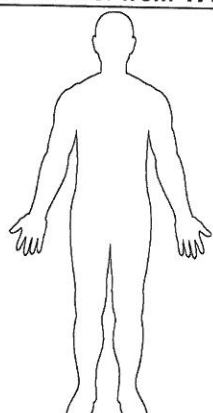


Posterior View

Response to Resistance Report (continued)

Key West Police Department

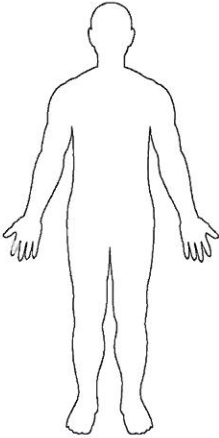
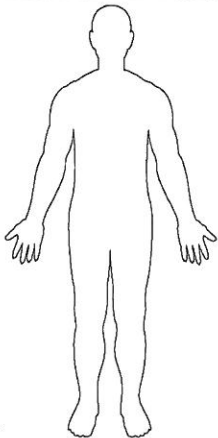
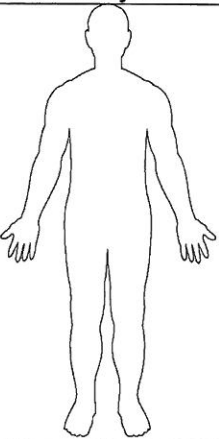
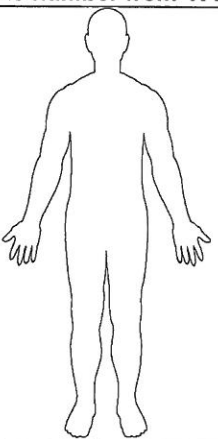
Case No: 14-5075

OFFICER	24. Officer: David T. Smith			25. Race: W	26. Sex: M	27. Age: 43
	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: 23	
	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 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 #35						
OFFICER						
	34. Anterior View			Posterior View		
TASER USE ONLY	35. TASER® device serial # X00-474970			36. TASER® device serial # N/A		
	TASER®Cam serial # V13000N74			TASER®Cam serial #		
	Cartridge 1 serial # H09-1362259			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 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: 1 foot			Target distance at probe launch:		
	Distance between probes: 9 inches			Distance between probes:		
	Probes removed by (name): Officer Chavarria			Probes removed by (name):		
Device downloaded by: Lt. A. Jewell			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: 10/25/14			39. Time: 0220		
	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		
	Billy Leonard	1075 Duval Street		305-394-0621		
	Arthur Perry	1251 David Porter		229-395-9821		
Haywood Barnes	3223 Pearl Street		229-603-2339			
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			10/25/14		
	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		
49. If section 46 is "No" record the Professional Standards Control Number:			50. Date Entered:			

Response to Resistance Report (continued)

Key West Police Department

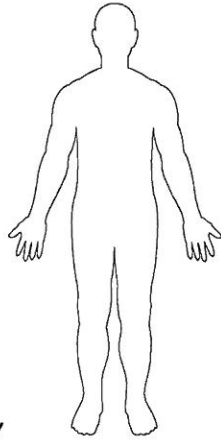
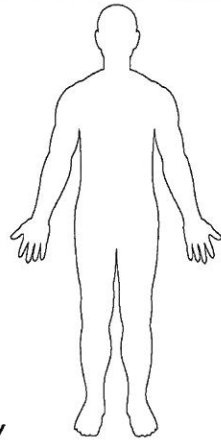
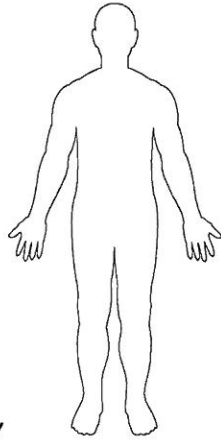
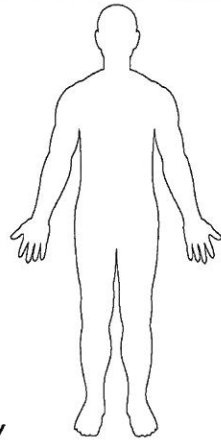
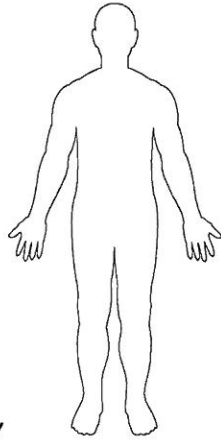
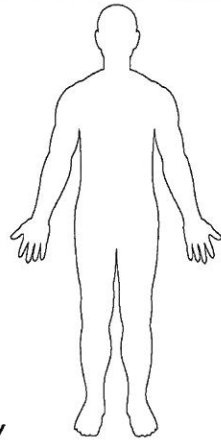
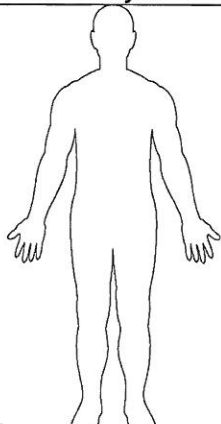
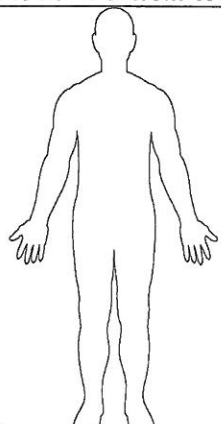
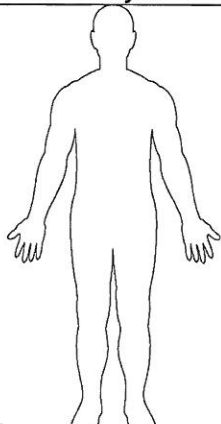
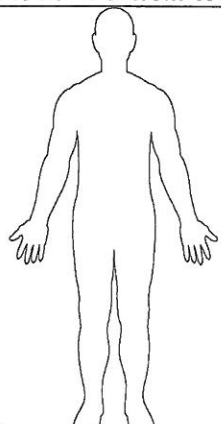
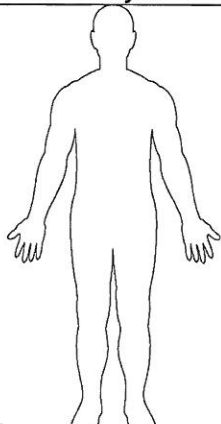
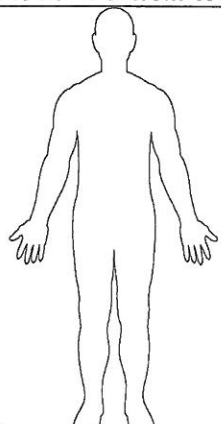
Case No: 14-5075

INCIDENT	51. Description (Section 10 continued): I (Sgt. R. Smith) arrived on scene and observed Ellis on the ground. Ellis was screaming and irrational. She appeared to be intoxicated and under the influence of some type of narcotic. Ellis in my presence was not listening to verbal commands and attempted to slip out of her handcuffs. She refused to comply with Rescues attempts to check her vitals and continued to be combative. Ellis would not answer my questions in reference to my investigation into the incident. Ellis also would not allow pictures to be taken of her either. At one point Ellis began smashing her head into the ground and stated she would say we "beat her up". I had Ofc. Chavarria restrain her head so she could no longer strike it on the ground. Ellis was hobbled and transported to Old City Hall.	
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) 35	
OFFICER		
		
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		
		
OFFICER	34. Anterior View	
	Posterior View	

Response to Resistance Report (continued)

Key West Police Department

Case No: 14-5075

INCIDENT	<p>51. Description (Section 10 continued): I spoke with witnesses who all stated Ellis was, "out of control", "punching people" and most significantly they all stated she grabbed Lt. Smith by the throat and would not let go. I traveled to Old City Hall and met with units who explained Ellis needed to go the Hospital to be medically cleared due to her being Tasered and her behavior. I was with Ellis until she left the scene in route to LKMC. Prior to leaving she had no visible injuries that I could see. A short time later I was notified by Lt. Smith, upon arriving at LKMC before Ellis could be removed from the vehicle, she slammed her head into the partition of the vehicle causing a laceration to her forehead. This laceration ultimately required stitches. Photos have been attached of Ellis' and Lt. Smith's injury.</p>																																						
OFFICER	<table border="1"> <tr> <td colspan="2">24. Officer:</td> <td>25. Race:</td> <td>26. Sex:</td> <td>27. Age:</td> </tr> <tr> <td colspan="2">28. Duty Status: <input type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment</td> <td><input type="checkbox"/> Uniformed</td> <td colspan="2"><input type="checkbox"/> Plain clothes</td> </tr> <tr> <td colspan="5">29. Yrs Exp:</td> </tr> <tr> <td colspan="5">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="2">31. Photographed: <input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td colspan="3">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="5">33. Response option used by this officer: (If TASER®, also reference line number from TASER® section)</td> </tr> <tr> <td colspan="2" data-bbox="138 724 779 1165">  <p>34. Anterior View</p> </td> <td colspan="3" data-bbox="779 724 1529 1165">  <p>Posterior View</p> </td> </tr> </table>				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)					 <p>34. Anterior View</p>		 <p>Posterior View</p>		
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)																																							
 <p>34. Anterior View</p>		 <p>Posterior View</p>																																					
OFFICER	<table border="1"> <tr> <td colspan="2">24. Officer:</td> <td>25. Race:</td> <td>26. Sex:</td> <td>27. Age:</td> </tr> <tr> <td colspan="2">28. Duty Status: <input type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment</td> <td><input type="checkbox"/> Uniformed</td> <td colspan="2"><input type="checkbox"/> Plain clothes</td> </tr> <tr> <td colspan="5">29. Yrs Exp:</td> </tr> <tr> <td colspan="5">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="2">31. Photographed: <input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td colspan="3">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="5">33. Response option used by this officer: (If TASER®, also reference line number from TASER® section)</td> </tr> <tr> <td colspan="2" data-bbox="138 1375 779 1795">  <p>34. Anterior View</p> </td> <td colspan="3" data-bbox="779 1375 1529 1795">  <p>Posterior View</p> </td> </tr> </table>				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)					 <p>34. Anterior View</p>		 <p>Posterior View</p>		
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)																																							
 <p>34. Anterior View</p>		 <p>Posterior View</p>																																					

Response to Resistance Report

Key West Police Department

Case No: 14-5105

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)

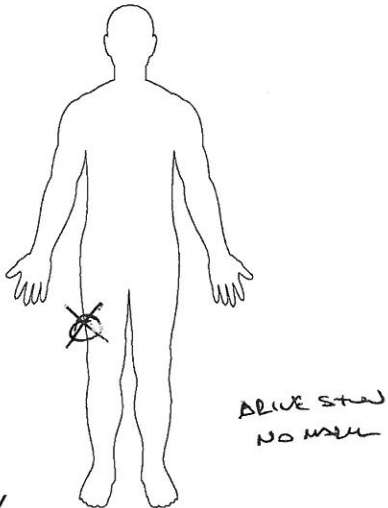
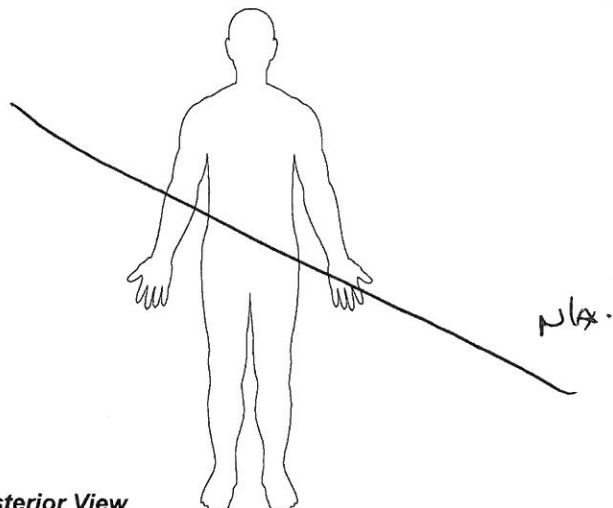
2. Date: 10-25-14 3. Time: 17:49 4. Location: 2778 N. Roosevelt 5. Incident type: hit / run suspect

6. Resistance Level	7. Explanation	8. Response Option	9. Explanation
<input checked="" type="checkbox"/> Passive:	Non compliance	<input checked="" type="checkbox"/> Physical Control	takedown
<input checked="" type="checkbox"/> Active:	Pulling away	<input checked="" type="checkbox"/> Non-lethal Weapon	Taser
<input checked="" type="checkbox"/> Aggressive:	Kicking, punching	<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)

Upon taking Raquel McCullum into custody for Marchman's act, she refused to obey verbal commands to get into the patrol car. At one point she was able to get her left hand out of her cuffs and struck Ofc. Diaz with a left clinched fist on his chest, 2 or 3 times. She was taken down to the ground without injury. Once she was cuffed again, she continued to resist by kicking the patrol car window. Upon attempting to apply a hobble, she kicked again as if trying get out of it. Ofc. A. Rodriguez gave verbal commands to stop resisting. McCullum continued to kick with both feet, Ofc. Diaz delivered a drive stun to her Right thigh. The officers secured the hobble. Without further fight or injury.

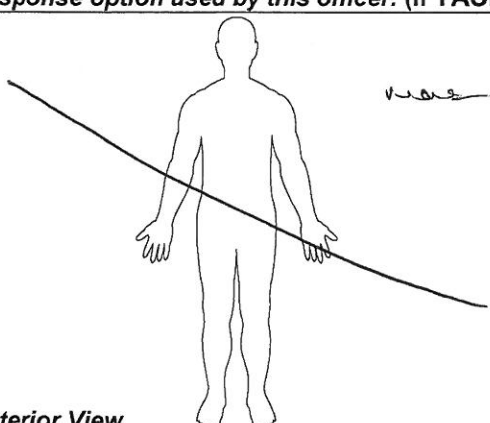
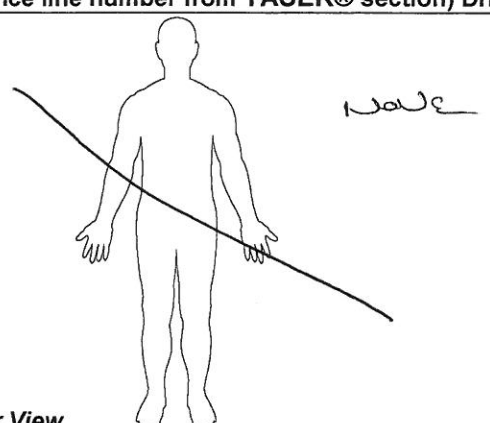
11. Last Name: McCullum	12. First: Raquel	13. Race: Black	14. Sex: F
15. DOB: 12/7/86	16. Height: 501	17. Weight: 175	
18. Did you observe the subject: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If NO, explain why in Section 5. If "YES", complete sections 19-23			
19. Appeared to be: <input checked="" type="checkbox"/> Intoxicated <input type="checkbox"/> Under the influence of controlled substance <input checked="" type="checkbox"/> Emotionally / mentally disturbed			
20. 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 23)			
21. Photographed: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 22. Treated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital <input type="checkbox"/> Detention			

SUBJECT	23. Anterior View	Posterior View
		

Response to Resistance Report (continued)

Key West Police Department

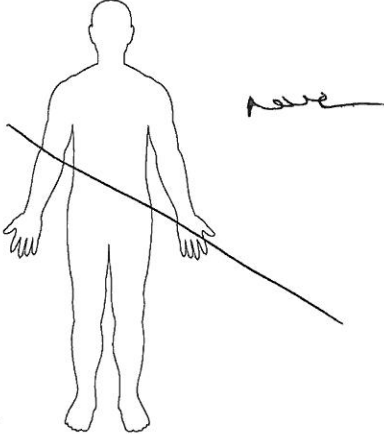
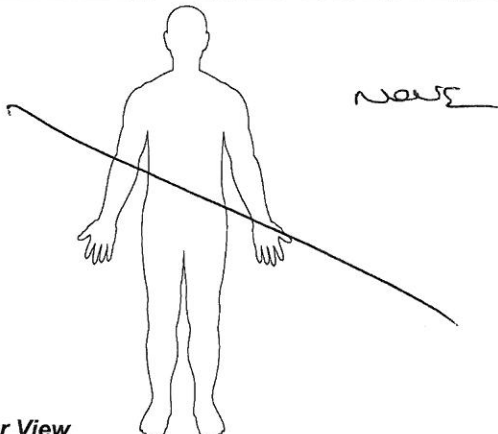
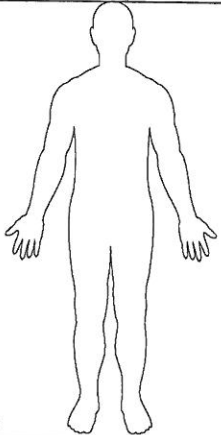
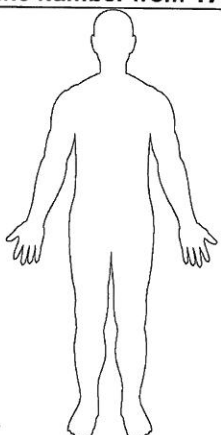
Case No: 14-5105

OFFICER	24. Officer: Diaz, Michael				25. Race: W		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 checked="" type="checkbox"/> Uniformed <input type="checkbox"/> Plain clothes				29. Yrs Exp: 1.75						
	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										
OFFICER											
	34. Anterior View					Posterior View					
TASER USE ONLY	35. TASER® device serial # X00708260					36. TASER® device serial # X00580580					
	TASER®Cam serial # V13000956					TASER®Cam serial # V09013656					
	Cartridge 1 serial # NA					Cartridge 1 serial # NA					
	Cartridge 2 serial # NA					Cartridge 2 serial # NA					
	Number of cycles: 1					Number of cycles: NA					
	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 checked="" type="checkbox"/> No					
	Target distance at probe launch: NA					Target distance at probe launch: NA					
	Distance between probes: NA					Distance between probes: NA					
	Probes removed by (name): NA					Probes removed by (name): NA					
Device downloaded by: Sgt Blasberg					Device downloaded by: SGT Blasberg						
<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: 10/25/14					39. Time: 1816					
	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										
						Sgt Pablo Rodriguez/ 2298			10/25/14		
						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		
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: 14-5105

INCIDENT	51. Description (Section 10 continued)																									
OFFICER	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">24. Officer: Rodriguez, Alex</td> <td style="width: 15%;">25. Race: W</td> <td style="width: 15%;">26. Sex: M</td> <td style="width: 20%;">27. Age: 23</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 checked="" type="checkbox"/> Uniformed <input type="checkbox"/> Plain clothes</td> </tr> <tr> <td colspan="4">29. Yrs Exp: 2 yrs</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 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) None</td> </tr> </table> <div style="display: flex; justify-content: space-around; align-items: flex-start; height: 150px;"> <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: Rodriguez, Alex	25. Race: W	26. Sex: M	27. Age: 23	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 yrs				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 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) None			
24. Officer: Rodriguez, Alex	25. Race: W	26. Sex: M	27. Age: 23																							
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 yrs																										
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 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) None																										
OFFICER	<table style="width: 100%; border: none;"> <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 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; align-items: flex-start; height: 150px;"> <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: 14-5119

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: 10/26/14 3. Time: 0016 4. Location: Greene at Fitzpatrick 5. Incident type: Disorderly Conduct

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

- ☐ Passive: X Physical Control Take-downs
X Active: Pulling, Tensing X Non-lethal Weapon OC spray, TASER
X Aggressive: Balling Fists, Punching, Charging ☐ Deadly Force
☐ Deadly Force:

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

This was the night of Fantasy Fest. Ofc. Chavarria saw people fighting. Teixeira was punching Bixler and holding him in a headlock. Jerez was punching Teixeira and Bixler. Barrios-Castro was punching Teixeira. They would not comply with verbal commands to stop (Bixler was unable due to being in a headlock). Ofc. Chavarria used OC spray on Barrios-Castro, Jerez and Teixeira. Bixler was released and immediately put his hands up. Ofc. Chavarria tried to handcuff Teixeira but Teixeira tried to pull away. Ofc. Chavarria took him to the ground with a hip-toss. Cruz interfered then punched at Ofc. Chavarria and pushed Ofc. Sealey when he tried to restrain her. Ofc. Sealey took Cruz to the ground with a take-down. F. Rivera tried to interfere by pushing the FHP Troopers that were helping keep the crowd back. As they tried to restrain him, he pulled away and charged into Sgt. R. Smith, whose rt. knee became injured (he was subsequently treated the following day). Sgt. Smith used a take-down to put F. Rivera on the ground. F. Rivera resisted the troopers' attempts to handcuff him. I used a knee strike to his thigh to gain compliance.

11. Last Name: Teixeira 12. First: Emanuel 13. Race: w 14. Sex: m

15. DOB: 9/21/89 16. Height: 5'10" 17. Weight: 160

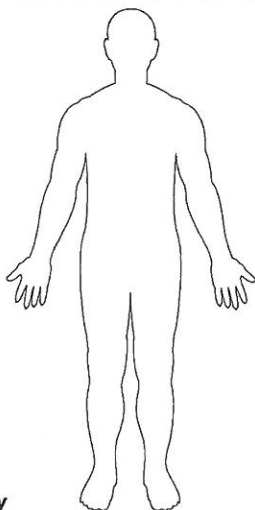
18. Did you observe the subject: ☐ No X Yes If NO, explain why in Section 5. If "YES", complete sections 19-23

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

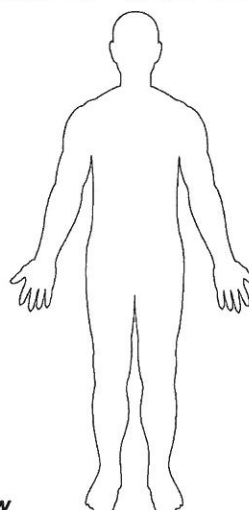
20. Injuries: X No ☐ Evident ☐ Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 23)

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

SUBJECT



23. Anterior View



Posterior View

Response to Resistance Report

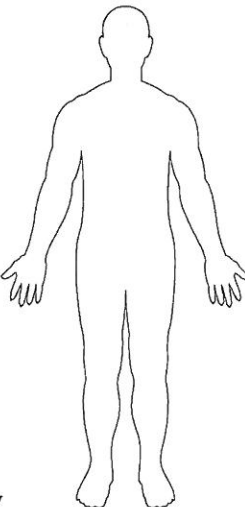
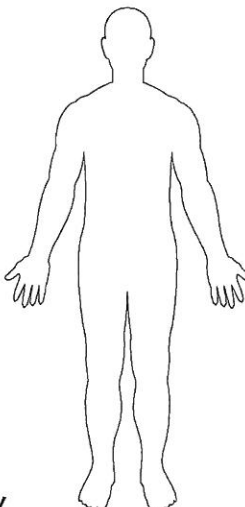
Key West Police Department

Case No: 14-5119

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:	3. Time:	4. Location:	5. Incident type:
6. <u>Resistance Level</u>		7. <u>Explanation</u>	8. <u>Response Option</u>
<input type="checkbox"/> Passive:			<input type="checkbox"/> Physical Control
<input type="checkbox"/> Active:			<input type="checkbox"/> Non-lethal Weapon
<input type="checkbox"/> Aggressive:			<input type="checkbox"/> Deadly Force
<input type="checkbox"/> Deadly Force:			
9. <u>Explanation</u>			
10. Description of Incident: (If additional space is needed, continue in section 51 or use separate page if needed)			

SUBJECT	11. Last Name: Jerez	12. First: Miguel	13. Race: w	14. Sex: m
	15. DOB: 6/4/60	16. Height: 5'7"	17. Weight: 180	
	18. Did you observe the subject: <input type="checkbox"/> No X Yes If NO, explain why in Section 5. If "YES", complete sections 19-23			
	19. Appeared to be: <input type="checkbox"/> Intoxicated <input type="checkbox"/> Under the influence of controlled substance <input type="checkbox"/> Emotionally / mentally disturbed			
	20. Injuries: X No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 23)			
	21. Photographed: X No <input type="checkbox"/> Yes 22. Treated: <input type="checkbox"/> No X Yes By: <input type="checkbox"/> EMT/Paramedic on scene X Hospital <input type="checkbox"/> Detention			
				
23. Anterior View		Posterior View		

Response to Resistance Report

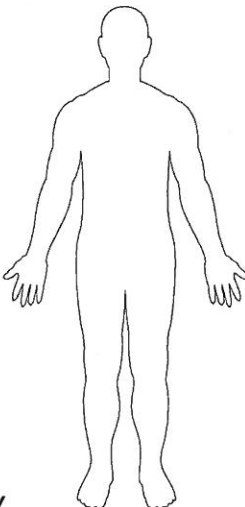
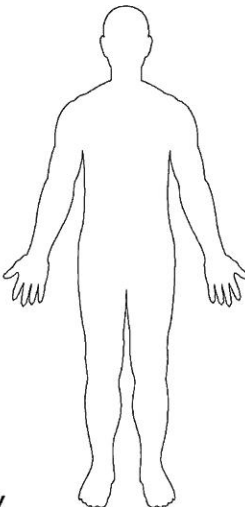
Key West Police Department

Case No: 14-5119

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:	3. Time:	4. Location:	5. Incident type:
	6. Resistance Level	7. Explanation	8. Response Option	9. Explanation
	<input type="checkbox"/> Passive:		<input type="checkbox"/> Physical Control	
	<input type="checkbox"/> Active:		<input type="checkbox"/> Non-lethal Weapon	
	<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)				

SUBJECT	11. Last Name: Barrios-Castro	12. First: Darry	13. Race: w	14. Sex: m
	15. DOB: 6/22/88	16. Height: 5'9"	17. Weight: 160	
	18. Did you observe the subject: <input type="checkbox"/> No X Yes If NO, explain why in Section 5. If "YES", complete sections 19-23			
	19. Appeared to be: <input type="checkbox"/> Intoxicated <input type="checkbox"/> Under the influence of controlled substance <input type="checkbox"/> Emotionally / mentally disturbed			
	20. Injuries: X No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 23)			
	21. Photographed: X No <input type="checkbox"/> Yes 22. Treated: X No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital <input type="checkbox"/> Detention			
				
23. Anterior View		Posterior View		

Response to Resistance Report

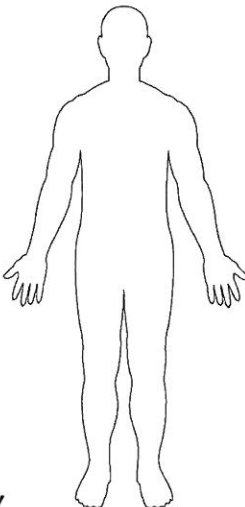
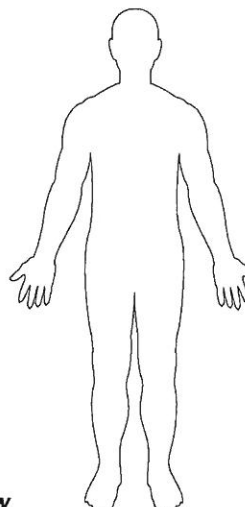
Key West Police Department

Case No: 14-5119

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:	3. Time:	4. Location:	5. Incident type:
	6. Resistance Level	7. Explanation	8. Response Option	9. Explanation
	<input type="checkbox"/> Passive:		<input type="checkbox"/> Physical Control	
	<input type="checkbox"/> Active:		<input type="checkbox"/> Non-lethal Weapon	
	<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)				

SUBJECT	11. Last Name: Cruz	12. First: Isabel	13. Race: w	14. Sex: f
	15. DOB: 10/26/67	16. Height: 5'3"	17. Weight: 130	
	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 type="checkbox"/> Intoxicated <input type="checkbox"/> Under the influence of controlled substance <input type="checkbox"/> Emotionally / mentally disturbed			
	20. 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 23)			
	21. Photographed: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 22. Treated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital <input type="checkbox"/> Detention			
				
23. Anterior View		Posterior View		

Response to Resistance Report

Key West Police Department

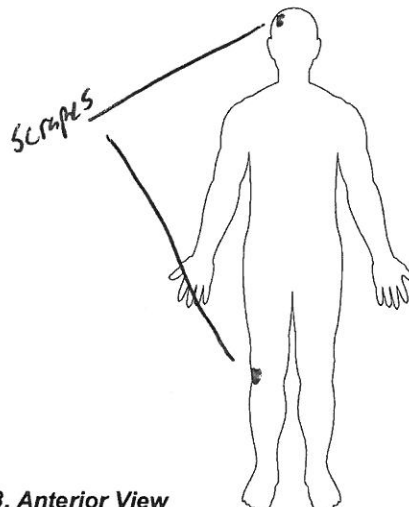
Case No: 14-5119

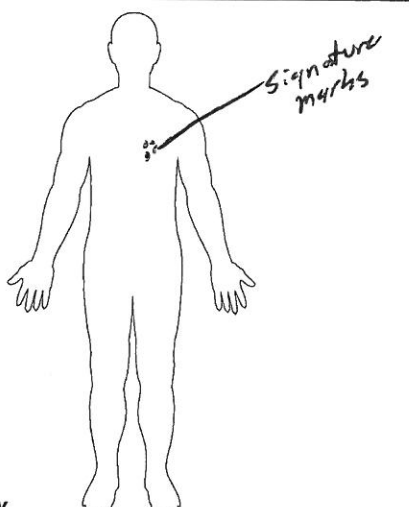
1. A Response to Resistance Report will be completed by the supervisor for: (Check all that apply)

- ☐ 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:	3. Time:	4. Location:	5. Incident type:
	6. Resistance Level	7. Explanation	8. Response Option	9. Explanation
	<input type="checkbox"/> Passive:		<input type="checkbox"/> Physical Control	
	<input type="checkbox"/> Active:		<input type="checkbox"/> Non-lethal Weapon	
	<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)				

SUBJECT	11. Last Name: Rivera	12. First: Lazaro	13. Race: w	14. Sex: m
	15. DOB: 8/12/65	16. Height: 5'9"	17. Weight: 160	
	18. Did you observe the subject: <input type="checkbox"/> No X Yes If NO, explain why in Section 5. If "YES", complete sections 19-23			
	19. Appeared to be: <input type="checkbox"/> Intoxicated <input type="checkbox"/> Under the influence of controlled substance <input type="checkbox"/> Emotionally / mentally disturbed			
	20. Injuries: <input type="checkbox"/> No X Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 23)			
	21. Photographed: <input type="checkbox"/> No X Yes 22. Treated: X No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital <input type="checkbox"/> Detention			
	23. Anterior View		Posterior View	





Response to Resistance Report

Key West Police Department

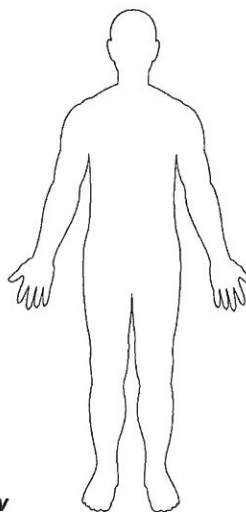
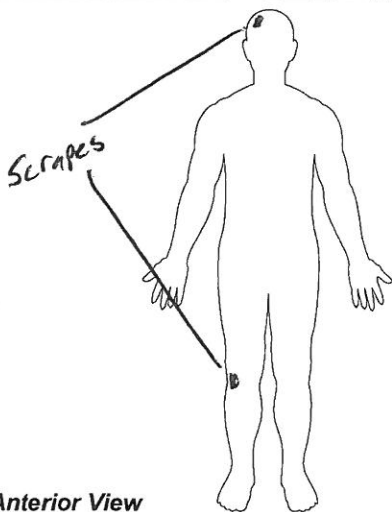
Case No: 14-5119

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:	3. Time:	4. Location:	5. Incident type:
	6. Resistance Level	7. Explanation	8. Response Option	9. Explanation
	<input type="checkbox"/> Passive:		<input type="checkbox"/> Physical Control	
	<input type="checkbox"/> Active:		<input type="checkbox"/> Non-lethal Weapon	
	<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)				

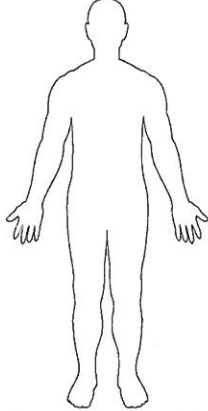
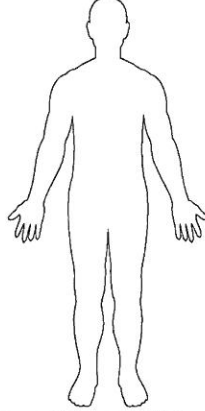
SUBJECT	11. Last Name: Rivera-Garcia	12. First: Felipe	13. Race: w	14. Sex: m
	15. DOB: 8/23/62	16. Height: 5'7"	17. Weight: 170	
	18. Did you observe the subject: <input type="checkbox"/> No X Yes If NO, explain why in Section 5. If "YES", complete sections 19-23			
	19. Appeared to be: <input type="checkbox"/> Intoxicated <input type="checkbox"/> Under the influence of controlled substance <input type="checkbox"/> Emotionally / mentally disturbed			
	20. Injuries: <input type="checkbox"/> No X Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 23)			
	21. Photographed: <input type="checkbox"/> No X Yes 22. Treated: X No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital <input type="checkbox"/> Detention			
	23. Anterior View		Posterior View	



Response to Resistance Report (continued)

Key West Police Department

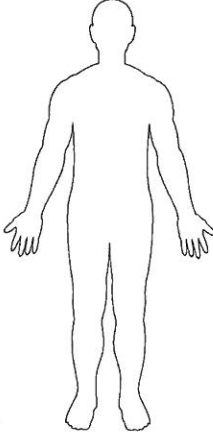
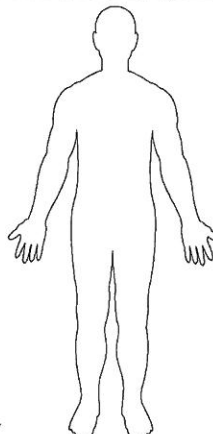
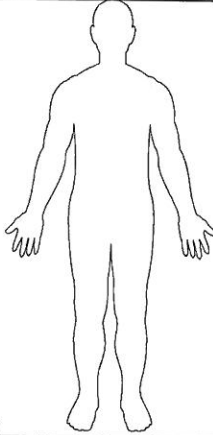
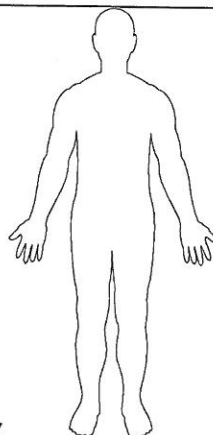
Case No: 14-5119

OFFICER	24. Officer: Chavarria			25. Race: w		26. Sex: m		27. Age: 29	
	28. Duty Status: X On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment			X Uniformed <input type="checkbox"/> Plain clothes			29. Yrs Exp: 5.5		
	30. Injuries: X No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 33)								
	31. Photographed: X No <input type="checkbox"/> Yes			32. Treated: X No <input type="checkbox"/> Yes			By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital		
33. Response option used by this officer: OC and Take-Down									
OFFICER									
	34. Anterior View				Posterior View				
TASER USE ONLY	35. TASER® device serial # X00-508162				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: 4 partials				Number of cycles:				
	Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS X 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 X 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: N/A				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: 10/26/14				39. Time: 0016				
	40. Did you respond to the scene: <input type="checkbox"/> No X Yes (If "No", explain why in section 10)								
	41. Did you meet with the Officer: <input type="checkbox"/> No X Yes (If "No", explain why in section 10)								
	42. Were you able to locate any independent witnesses: X* No <input type="checkbox"/> Yes (If "Yes," list below)								
	Name		Address				Phone Number		
			*This was during a giant street fair. The safety of the rest of the						
			arrestees, officers and attendees took precedence over successful						
		prosecution so we returned to duty as soon as we could.							
43. Is further review recommended: X No <input type="checkbox"/> Yes									
FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS									
44. Preparing Supervisor's Signature / ID 1679									
45. Date 11/3/14									
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 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 (continued)

Key West Police Department

Case No: 14-5119

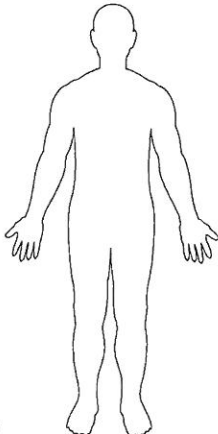
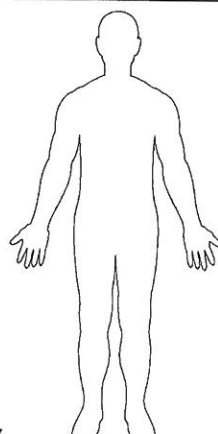
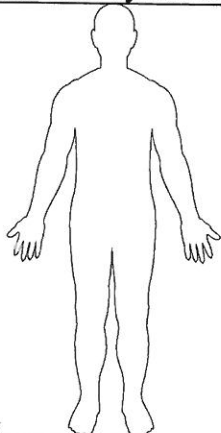
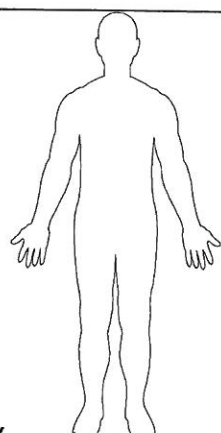
INCIDENT	51. Description (Section 10 continued): Ofc. Chavarria used a take-down to control L. Rivera, who pushed a trooper, but he continued to resist. Ofc. Clark used a TASER drive-stun to gain compliance from L. Rivera. Jerez apparently passed out and was taken to the hospital for medical clearance. I was at the scene within a few seconds of the start of the incident. I took pictures of the injuries- F. Rivera and L. Rivera each had a very minor scrape on their right forehead and right knee. Though EMS was at the scene, there was no need for treatment. There were no other injuries to arrestees. Since I did the report, someone else will sign as IA inspector.	
OFFICER	24. Officer: Sealey 25. Race: b 26. Sex: m 27. Age: 30 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: 9.5 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: Take-Down	
	 34. Anterior View	 Posterior View
OFFICER	24. Officer: Clark 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: 2.5 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: TASER 35	
	 34. Anterior View	 Posterior View

Response to Resistance Report (continued)

Key West Police Department

Case No:

14-5119

INCIDENT	51. Description (Section 10 continued):	
OFFICER	24. Officer: Tripp 25. Race: w 26. Sex: m 27. Age: 47	
	28. Duty Status: X On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment X Uniformed <input type="checkbox"/> Plain clothes 29. Yrs Exp: 12.5	
OFFICER	30. Injuries: X No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 34)	
	31. Photographed: X No <input type="checkbox"/> Yes 32. Treated: X 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: Knee Strike	
	 34. Anterior View	 Posterior View
OFFICER	24. Officer: Smith 25. Race: w 26. Sex: m 27. Age: 35	
	28. Duty Status: X On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment X Uniformed <input type="checkbox"/> Plain clothes 29. Yrs Exp: 9.5	
OFFICER	30. Injuries: <input type="checkbox"/> No X Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 34)	
	31. Photographed: X No <input type="checkbox"/> Yes 32. Treated: X 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: Take-down	
	 34. Anterior View	 Posterior View