

Response to Resistance Report

Key West Police Department

Case No: 15-542

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: 2/2/15 3. Time: 0300 4. Location: 1901 S. Roosevelt 5. Incident type: Trespass

6. Resistance Level	7. Explanation	8. Response Option	9. Explanation
<input checked="" type="checkbox"/> Passive:	Non Compliance	<input checked="" type="checkbox"/> Physical Control	Knee Spike
<input checked="" type="checkbox"/> Active:	Tensing, jerking, posturing	<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)

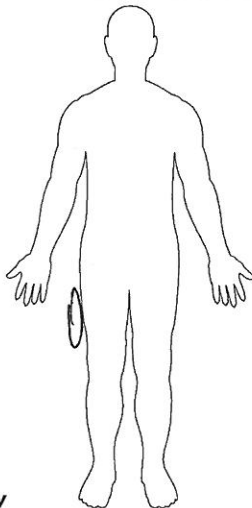
Call originated as a disturbance at the pool area of La Brisa. Upon arrival officers found a group of both adults and juveniles trespassing consuming alcohol and possibly illegal narcotics (was admitted by the juvenile present with the group). Aviles, was in the group and was highly vocal and agitated. Aviles was told numerous times to calm down, lower his voice and remain seated. Aviles would not comply (passive) and needed to be removed from the group because of his actions (Posturing/vocalizing). When Aviles was brought to the police car, Aviles was told to get in and sit down since he was arrested and was going to MCDC. Aviles refused. Aviles began to posture, tense and jerk away from Ofc. Currul who had taken him into custody and was escorting him (Active). Ofc. Currul delivered three (3) knee spikes to Aviles right thigh which caused Aviles to stop his resistive actions and was finally placed into the back seat without further incident.

Aviles was charged with Trespassing, contributing to the delinquency of a minor and because of his actions, resisting arrest w/o violence. One (1) picture was taken (Aviles was not cooperative) of him and is included with this RRI. Aviles did NOT require

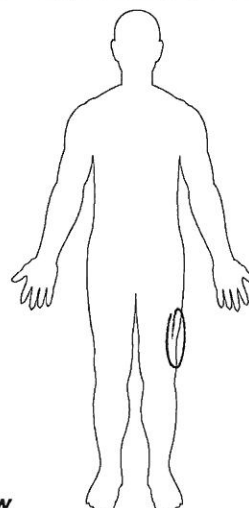
11. Last Name: Aviles	12. First: Adrian	13. Race: W/H	14. Sex: M
15. DOB: 30JAN1993	16. Height: 5'11"	17. Weight: 155	
18. Did you observe the subject: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If NO, explain why in Section 5. If "YES", complete sections 19-23			
19. Appeared to be: <input checked="" type="checkbox"/> Intoxicated <input checked="" 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 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



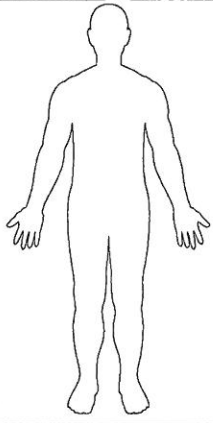
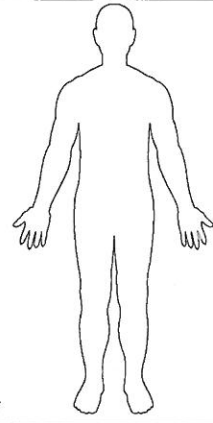
Posterior View



Response to Resistance Report (continued)

Key West Police Department

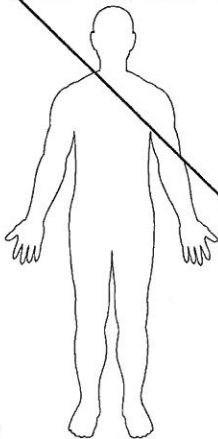
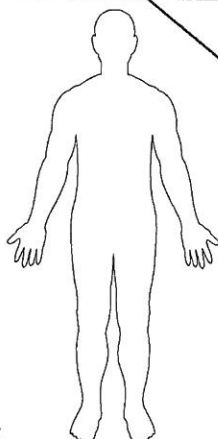
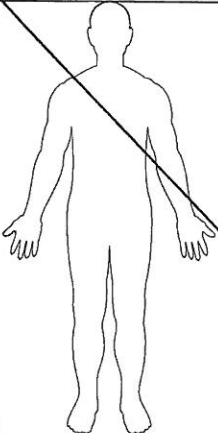
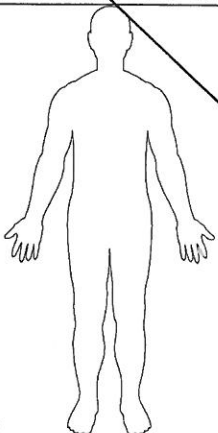
Case No: 15-542

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: 19	
	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				
OFFICER	33. Response option used by this officer: (If TASER®, also reference line number from TASER® section) Knee Spike				
	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>NONE</p>  <p>34. Anterior View</p> </div> <div style="text-align: center;"> <p>NONE</p>  <p>35. Posterior View</p> </div> </div>				
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"/> COPS <input type="checkbox"/> Drive Stun		Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> COPS <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: 02/02/15		39. Time: 0300		
	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. Signature of Internal Affairs Inspector / 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		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: 15-542

INCIDENT	51. Description (Section 10 continued) medical attention. Ofc Currul was not injured.			
OFFICER	<div>24. Officer: 25. Race: 26. Sex: 27. Age:</div> <div>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:</div> <div>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)</div> <div>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</div> <div>33. Response option used by this officer: (If TASER®, also reference line number from TASER® section)</div> <div><div>34. Anterior View</div><div>Posterior View</div></div>			
	<div>24. Officer: 25. Race: 26. Sex: 27. Age:</div> <div>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:</div> <div>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)</div> <div>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</div> <div>33. Response option used by this officer: (If TASER®, also reference line number from TASER® section)</div> <div><div>34. Anterior View</div><div>Posterior View</div></div>			

Response to Resistance Report

Key West Police Department

Case No: 15-0643

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: 02/07/15 3. Time: 2052 4. Location: 0 Duval Street 5. Incident type: Resisting Arrest

6. Resistance Level

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

7. Explanation

Pushed Officer, Pulled Away

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)

On February 7, 2015 I (Sgt. R. Smith) responded to the Pier House in reference to a use of force. Upon my arrival, I observed Kelsey Haas (Arrestee) was seated in a chair and crying. Haas smelled of alcohol and had all the normal signs of impairment, to include glassy bloodshot eyes and partially slurred speech. Ofc. J. Calvert explained while working a detail for a concert at Ocean Key House, Haas had trespassed into a VIP area for the concert. Ofc. Calvert removed Haas and told her she could not be in the area without a specific wrist band. Approximately twenty minutes later Ofc. Calvert was alerted by Ocean Key Staff member Oksana Semashko (Witness), Haas had entered the VIP area again and needed to be removed. According to Ofc. Calvert and a statement from Semashko, as Ofc. Calvert tried to escort Haas out of the VIP area Haas pulled away and then pushed Ofc. Calvert.

11. Last Name: Haas

12. First: Kelsey

13. Race: White 14. Sex: Female

15. DOB: 02/19/1993

16. Height: 5'04"

17. Weight: 135lbs

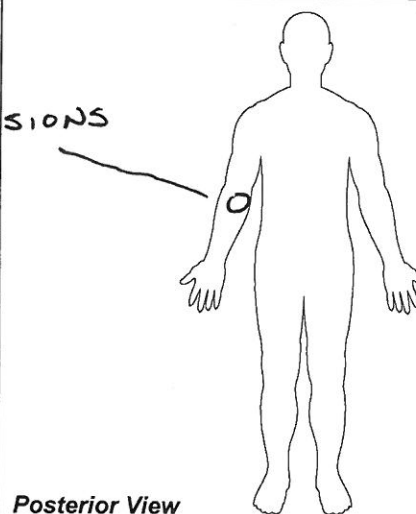
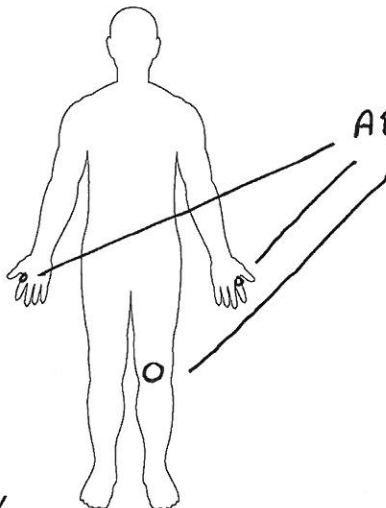
18. Did you observe the subject: ☐ No ☒ Yes If NO, explain why in Section 5. If "YES", complete sections 19-23

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

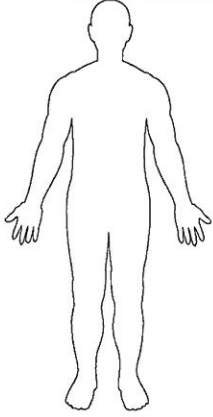
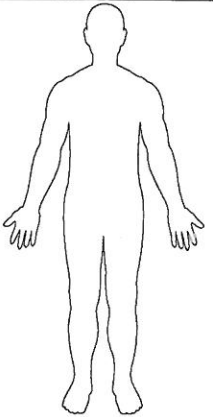
SUBJECT



Response to Resistance Report (continued)

Key West Police Department

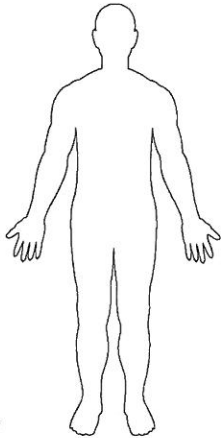
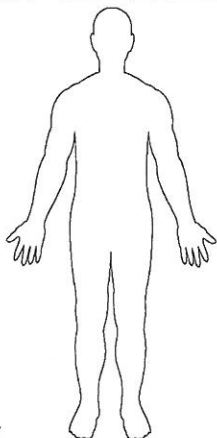
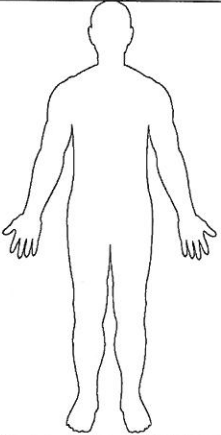
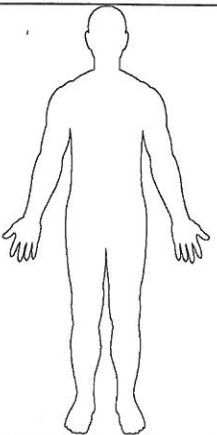
Case No: 15-0643

OFFICER	24. Officer: Janeth Calvert 25. Race: H 26. Sex: F 27. Age: 33			
	28. Duty Status: <input type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input checked="" type="checkbox"/> Extra duty employment <input checked="" type="checkbox"/> Uniformed <input type="checkbox"/> Plain clothes 29. Yrs Exp: 11			
	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) N/A			
OFFICER				
	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:		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: 02/07/2015		39. Time: 2058	
	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	
	Oksana Semashko	800 Emma Street, KW	305-619-3279	
INT. AFF.	43. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS		02/07/2015	
	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)		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

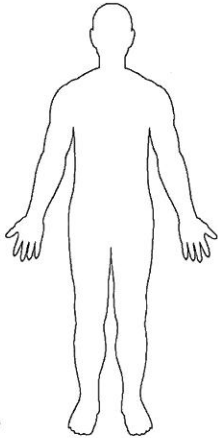
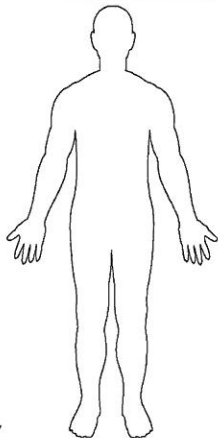
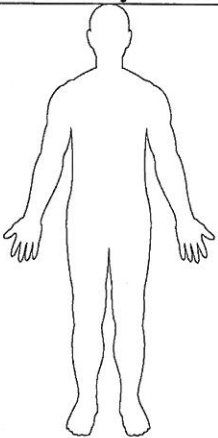
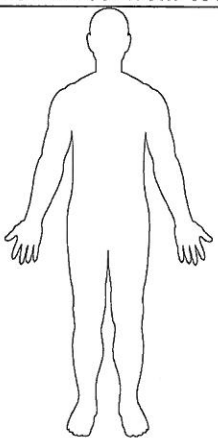
Case No: 15-0643

INCIDENT	51. Description (Section 10 continued): At this time Semashko went to go get other officers and did not witness the take down. No independent witnesses were located to the event and no video footage was located. Ofc. Calvert stated upon being pushed she utilized a straight arm-bar take down and was able to handcuff Haas as she continued to offer resistance. This incident took place on the wooden pier which extends to the northwest into the harbor from the back side of the Ocean Key property. I briefly spoke with Haas who did not want to speak about the incident and was not very compliant with request for photographs. I was able to photograph Haas and her injuries. Haas had a small abrasion to her left knee, left elbow and in a few small spots on both hands. None of these required medical attention.	
OFFICER	24. Officer: N/A	
	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: N/A	
	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: 15-0643

INCIDENT	51. Description (Section 10 continued): These marks were fresh and consistent with someone who was taken down on a wooden pier. There were no ICOPs or COBANs activated during this incident due to the proximity of their vehicles. No other officers were in the immediate area when the take-down happened. I had my COBAN running during my time on scene, however due to the parking and where I spoke with individuals I was often out of range. Based on all statements obtained, Ofc. Calvert acted appropriately and within policy. No further review is recommended. Haas was arrested for trespass after warning and resisting arrest without violence.	
OFFICER	24. Officer: N/A 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: 01-15-000690

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: 2/10/2015

3. Time: 11:15

4. Location: 3228 Eagle Ave

5. Incident type: Search Warrant

6. Resistance Level

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

7. Explanation

Would not follow verbal
commands
Tensing

8. Response Option

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

9. Explanation

Takedown

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

The Special Response Team (SRT) executed a high risk narcotics search warrant at 3228 Eagle Avenue in the city of Key West. There was information provided during the pre-warrant briefing that the primary suspect **ZAHAROV** had a handgun in his possession and that he stayed in the upstairs bedroom. It was also stated that **ZAHAROV** had a violent criminal history. During the SRT entry Ofc. Kouri made contact with **ZAHAROV** in an upstairs bedroom sitting on the edge of a bed. Ofc. Kouri gave **ZAHAROV** loud repetitive commands to get on the ground. **ZAHAROV** did not comply with Ofc. Kouri's verbal commands. Ofc. Kouri grabbed **ZAHAROV**'s shoulder. **ZAHAROV** resisted Ofc. Kouri's attempts to place him into custody by tensing his body. Ofc. Kouri controlled **ZAHAROV** to the ground by grabbing **ZAHAROV** by the hair with his left hand. Neither **ZAHAROV** nor Ofc. Kouri were injured during this incident. Ofc. Kouri handcuffed and searched **ZAHAROV**. I (Ofc. Thomas) escorted **ZAHAROV** downstairs and handed him over to members of the Drug Enforcement Administration who were assisting with the warrant service.

11. Last Name: ZAHAROV

12. First: ALISHER

13. Race: W

14. Sex: M

15. DOB: 01/17/1994

16. Height: 6'

17. Weight: 190 lbs

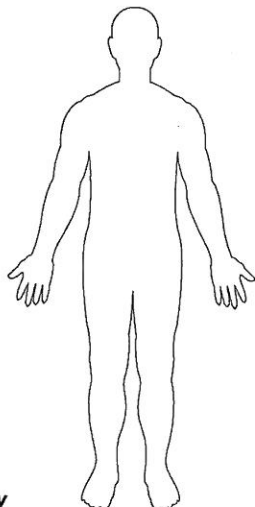
18. Did you observe the subject: ☐ No ☒ Yes If NO, explain why in Section 5. If "YES", complete sections 19-23

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

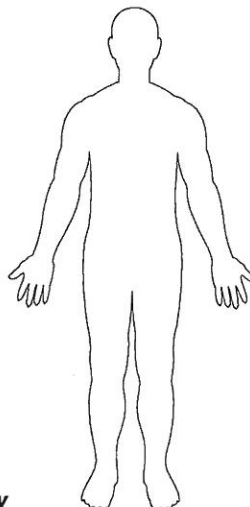
20. Injuries: ☒ No ☐ Evident ☐ Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 23)

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

SUBJECT



23. Anterior View

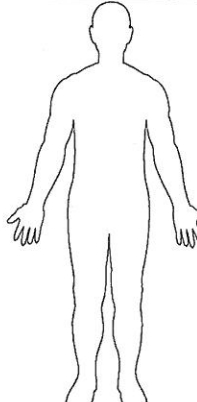
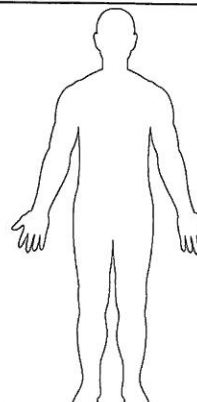


Posterior View

Response to Resistance Report (continued)

Key West Police Department

Case No: 01-15-000690

OFFICER	24. Officer: Kouri, David			25. Race: W	26. Sex: M	27. Age: 28
	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 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)						
<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 #			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: 2/10/2015			39. Time: 11:15		
	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			2824		2-18-15
	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		45. Date
			47. Signature of Internal Affairs Inspector		48. Date	
49. If section 46 is "No" record the Professional Standards Control Number:			50. Date Entered:			