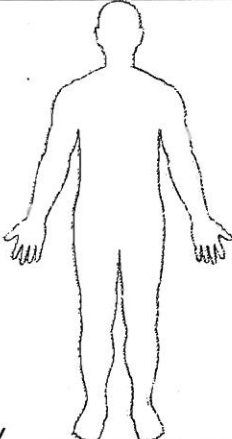
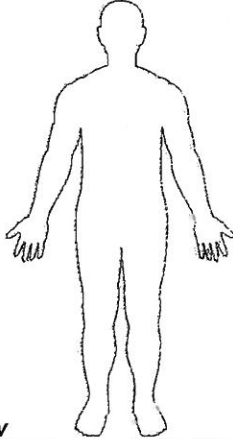
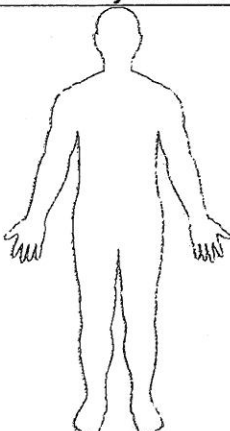
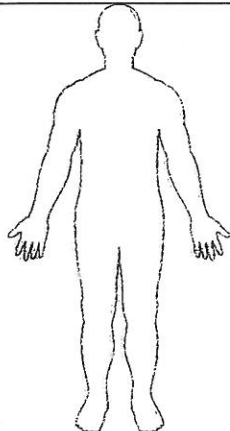


Response to Resistance Report

Key West Police Department

Case No: 15-002908

1. A Response to Resistance Report will be completed by the supervisor for: (Check all that apply)					
<input type="checkbox"/> A response through the use of non-lethal weapons,					
<input checked="" 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)					
INCIDENT	2. Date: 6/23/2015	3. Time: 16:49	4. Location: 5501 College Rd	5. Incident type: Resisting W/O viol	
	6. Resistance Level	7. Explanation	8. Response Option	9. Explanation	
	<input type="checkbox"/> Passive:		<input checked="" type="checkbox"/> Physical Control	took subj to ground	
	<input checked="" type="checkbox"/> Active:	Subj Pushing & pulling away	<input type="checkbox"/> Non-lethal Weapon		
<input type="checkbox"/> Aggressive:			<input type="checkbox"/> Deadly Force		
<input type="checkbox"/> Deadly Force:					
SUBJECT	10. Last Name: Altman	11. First: Johnathan B.	12. Race: W	13. Sex: M	
	14. DOB: 04/22/1988	15. Height: 6'00"	16. Weight: 180		
	17. Did you observe the subject: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If NO, explain why in Section 42. If "YES", complete sections 18-22				
	18. Appeared to be: <input checked="" type="checkbox"/> Intoxicated <input type="checkbox"/> Under the influence of controlled substance <input type="checkbox"/> Emotionally / mentally disturbed				
	19. 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 22)				
	20. Photographed: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 21. 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				
					
	22. Anterior View		Posterior View		
	OFFICER	23. Officer: Thomas Clark	24. Race: W	25. Sex: M	26. Age: 27 27. Height: 5'11" 28. Weight: 200
		29. 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 30. Yrs Exp: 3			
31. 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 35)					
32. Photographed: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 33. Treated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital					
34. Response option used by this officer: (If TASER®, also reference line number from TASER® section)					
					
35. Anterior View		Posterior View			

Response to Resistance Report (continued)

Key West Police Department

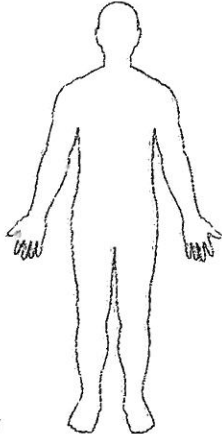
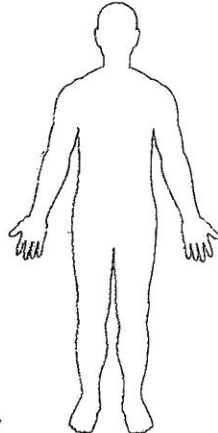
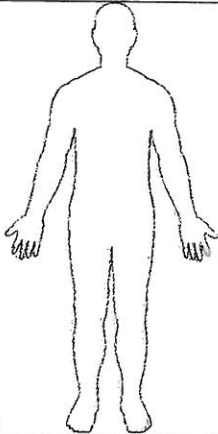
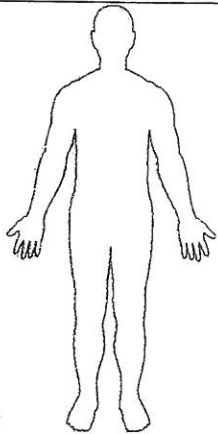
Case No: 15-00290815-002908

TASER USE ONLY	36. TASER® device serial # N/A		37. 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"/> 38. Check and list any additional TASER® devices, cartridges or details in the incident description section.																		
REPORT	39. Offense/Incident Report and/or Warrant Affidavit must include:																	
	<input checked="" type="checkbox"/> All necessary criminal elements. <input checked="" type="checkbox"/> All details of the arrest <input checked="" type="checkbox"/> Details articulating the subject's words, mannerisms and actions that justify the use of force. <input checked="" type="checkbox"/> Details outlining the response to resistance utilized by each officer. <input checked="" type="checkbox"/> Detailed description of injury complaints and/or observed injuries <input checked="" type="checkbox"/> Details outlining the decontamination, first aid or medical treatment provided to the officer and/or subject.																	
SUPERVISOR'S INQUIRY	40. Notified Date: 6/22/2015		41. Time: 16:49															
	42. Did you respond to the scene: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)																	
	43. Did you meet with the Officer: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)																	
	44. Were you able to locate any independent witnesses: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," list below)																	
	<table border="1"> <thead> <tr> <th>Name</th> <th>Address</th> <th>Phone Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				Name	Address	Phone Number											
Name	Address	Phone Number																
INT. AFF.	45. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		6/22/2015															
	FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS		47. Date															
INT. AFF.	48. 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 51)		46. Preparing Supervisor's Signature / ID															
	49. Signature of Internal Affairs Inspector		50. Date 7/6/15															
51. If section 48 is "No" record the Professional Standards Control Number:		52. Date Entered:																

Response to Resistance Report (continued)

Key West Police Department

Case No: 15-00290815-002908

OFFICER	23. Officer:		24. Race:	25. Sex:	26. Age:	27. Height	28. Weight
	29. 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						30. Yrs Exp:
	31. 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 35)						
	32. Photographed: <input type="checkbox"/> No <input type="checkbox"/> Yes 33. Treated: <input type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital						
	34. Response option used by this officer: (If TASER®, also reference line number from TASER® section)						
							
	35. Anterior View			Posterior View			
OFFICER	23. Officer:		24. Race:	25. Sex:	26. Age:	27. Height	28. Weight
	29. Duty Status: <input type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment <input type="checkbox"/> Uniformed <input type="checkbox"/> Plain						30. Yrs Exp:
	31. 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 35)						
	32. Photographed: <input type="checkbox"/> No <input type="checkbox"/> Yes 33. Treated: <input type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital						
	34. Response option used by this officer: (If TASER®, also reference line number from TASER® section)						
							
	35. Anterior View			Posterior View			

Key West Police Department

Report 06/22/2015 16:30

Incident Report

Case # 01-15-002908

I N C I D E N T	Case #	Report	Occurred From	Occurred To	Report Type
	01-15-002908	06/22/2015 16:30	06/22/2015 16:15	06/22/2015 16:25	Original
	Dept. Classification		Case Status	Case Status Date	Cleared
	OBSTRUCT/RESIST OFFENSE		CLEARED BY ARREST	06/23/2015	06/22/2015 19:00
	Common Name				
508 SOUTHARD ST KEYWEST, FL 33040 (MONROE County)					
Day of Week : MONDAY			Beat Assignment : 1		
Dispatched : 06/22/2015 16:17			Alcohol Related : Yes		
Responded : 06/22/2015 16:17			Drug Related : No		
Arrived : 06/22/2015 16:17			Total Damaged Property Value : \$0.00		
Map Reference : 1112XX6XO			Total Stolen Property Value : \$0.00		
Location Type : HIGHWAY/ROADWAY			Total Recovered Property Value : \$0.00		

O F F E N S E 1	State Classification		Attempted/Committed
	Statute/Ordinance		Disposition Date
	Location Type		
	JAIL/PRISON		
	Federal Classification : RESIST OFFICER OBSTRUCT WO VIOLENCE-843.02 JOHNATHAN ALTMAN (SUSP,Primary Role,User Defined); STATE OF FLORIDA (VICT,Primary Role,User Defined) Attack Reason : N/A Computer Theft : No		
# of Premises : 1 Criminal Activity 1 : OTHER Evidence Collected : Yes # of People Arrested : 1			
End of Offense: 1			

O F F E N S E 2	State Classification		Attempted/Committed
	Statute/Ordinance		Disposition Date
	Location Type		
	HIGHWAY/ROADWAY		
	Federal Classification : MOV ALCOHOL OPEN CONTAINER PUBLIC PLACE-18-87 JOHNATHAN ALTMAN (SUSP,Primary Role,User Defined); CITY OF KEY WEST, FL (VICT,Primary Role,User Defined) Attack Reason : N/A Computer Theft : No		
# of Premises : 1 Criminal Activity 1 : OTHER Evidence Collected : Not Applicable # of People Arrested : 1			
End of Offense: 2			

P E R S O N 1	Person Type	Business/Person Name		Business Phone
	SUSPECT/ARRESTEE	JOHNATHAN B ALTMAN		
	Home Phone	Person Address		
		0 GENERAL DELIVERY KEY WEST FL 33040 ,MONROE County		
	Other Phone	Employer Address		
	Race	Sex	DL Exp. Date	DL Number
	WHITE	Male		T62033910
	Birth Date	Birth Place		
	04/22/1988	UNITED STATES		
Age : 27 Occupation : UNEMPLOYED DL State : VA DL Country : UNITED STATES Ethnic Origin : NON-HISPANIC Min. Height : 6'00" Min. Weight : 180 lbs Adult/Juvenile : ADULT Relationship : STRANGER OF STATE OF FLORIDA, STRANGER OF CITY OF KEY WEST, FL Hat : BOONIE Shirt : DARK		Facial Hair : NONE Eye Color : BLUE Build : MEDIUM/AVERAGE Complexion : MEDIUM Glasses : No Hand Use : RIGHT HANDED Caution : VIOLENT Status : ARRESTEE Religion : UNKNOWN Marital Status : UNKNOWN Speech : SLURRED Residency Type : CITY		

Reporting Officer	Department	Report Status:
OFC THOMAS EDWARD CLARK (3484)	KEY WEST POLICE DEPARTMENT	Approved
Supervising Officer		Date/Time
Verifying Officer	Department	Date / Time
SGT JEFFERY SCOTT WILLIAMSON (1557)	KEY WEST POLICE DEPARTMENT	06/23/2015 21:52

Key West Police Department

Report 06/22/2015 16:30

Incident Report

Case # 01-15-002908

Pants : SHORTS Shoes : SANDALS Hair Color : BLOND Hair Length : MEDIUM Hair Style : UNCOMBED	Residency Status : FULL YEAR Citizenship : UNITED STATES Body Marks:
--	--

End of Person: 1

P E R S O N 2	Person Type	Business/Person Name			Business Phone
	VICTIM	STATE OF FLORIDA			
	Home Phone	Person Address			
	Other Phone	Employer Address			
	Race	Sex	SSN	DL Exp. Date	DL Number
	Birth Date	Birth Place			
	Relationship : STRANGER OF JOHNATHAN ALTMAN, STRANGER OF CITY OF KEY WEST, FL Victim Type : GOVERNMENT Will File Charges : Yes			Can Identify Offender : Yes Extent of Injury : NONE Body Marks:	

End of Person: 2

P E R S O N 3	Person Type	Business/Person Name			Business Phone
	VICTIM	CITY OF KEY WEST, FL			
	Home Phone	Person Address			
	Other Phone	Employer Address			
	Race	Sex	SSN	DL Exp. Date	DL Number
	Birth Date	Birth Place			
	Relationship : STRANGER OF JOHNATHAN ALTMAN, STRANGER OF STATE OF FLORIDA Victim Type : GOVERNMENT Will File Charges : Yes			Can Identify Offender : Yes Extent of Injury : NONE Body Marks:	

End of Person: 3

P R O P E R T Y 1	Category	Property Type	Make	Model
	EVIDENCE/SEIZED	DIGITAL DISK	DISK	VIDEO
	Serial #	Color	Description	Condition
	UCR Type : MISCELLANEOUS Quantity/Weight : 1 Value : \$2.00 Rec. Officer : CLARK, THOMAS E. State Number : 3484		Recovery Location : Use Address from Incident Location Information Recovered By : CLARK Recovery Date and Time : 06/23/2015 13:00 Recovery Value : \$2.00	

End of Property: 1

Reporting Officer OFC THOMAS EDWARD CLARK (3484)	Department KEY WEST POLICE DEPARTMENT	Report Status: Approved
Supervising Officer		Date/Time
Verifying Officer SGT JEFFERY SCOTT WILLIAMSON (1557)	Department KEY WEST POLICE DEPARTMENT	Date / Time 06/23/2015 21:52

Key West Police Department

Report 06/22/2015 16:30

Incident Report

Case # 01-15-002908

P R O P E R T Y 2	Category EVIDENCE/SEIZED	Property Type DIGITAL DISK	Make Disk	Model Photos
	Serial #	Color	Description Contains photos	Condition
	UCR Type : MISCELLANEOUS Quantity/Weight : 1 Value : \$2.00 Rec. Officer : CLARK, THOMAS E. State Number : 3484		Recovery Location : Use Address from Incident Location Information Recovered By : Clark, t Recovery Date and Time : 06/23/2015 13:00 Recovery Value : \$2.00	
	End of Property: 2			

N A R R A T I V E 1	Topic ORIGINAL
	<p>On Monday, 06/22/15, at approximately 1621 hours, Ofc. F. Betz, Ofc. S. Standerwick and I (Ofc. T. Clark), responded to 508 Southard St, in reference to an intoxicated white male.</p> <p>On arrival, I saw Ofc. Betz speaking with a seated white male, later identified as, Johnathan Altman 04/22/88. Ofc. Betz told me he saw Altman drinking from an open alcoholic beverage on the public sidewalk. Ofc. Betz motioned toward a plastic cup containing an amber liquid with a foam head, 3/4 full. I picked up the cup which was cold to the touch, smelled of an alcoholic beverage and when poured out foamed. Altman exhibited slurred speech, glassy/watery/bloodshot eyes and the overwhelming odor of an alcoholic beverage on his breath.</p> <p>Ofc. Standerwick advised that he had recently issued Altman a verbal warning for open container.</p> <p>Ofc. Standerwick placed Altman under arrest at my request. I transported Altman to jail.</p> <p>Once at the jail and in the sally port while escorting Altman to the elevator towards intake, Altman turned towards me and said something in regards to his rights and began laughing. Altman stopped laughing, turned his face towards me and his facial expression appeared very agitated. Altman then suddenly attempted to pull away from my grasp and turn towards me angrily. Altman began bringing his chest towards me walking forward as if to hit me with his chest. I attempted to face Altman towards the entry door and Altman continued to struggle, twisting and turning away from my grasp as he struggled to face me and move closer to me. I attempted to pin the struggling Altman against the wall to no success. I escorted Altman to the ground after a brief struggle and ended up on top of his back as Altman appeared to calm down and laid on his stomach catching his breath. Altman then began to struggle to get on his feet for several moments. I attempted to gain control over Altman telling him to lay down and relax. Altman ignored my repeated commands and continued to push himself and me up from the ground attempting to stand. Altman managed to stand up against my force after my arm became caught between his. I managed to pin Altman against a wall until corrections deputies responded and escorted the now calm Altman into intake.</p> <p>I did not see any visible injuries to Altman's person. Sgt J. Williamson arrived on scene to complete a Response to Resistance Incident Report. Sgt Williamson took photos of Altman's person, I later placed the photos on a digital disk into KWPD evidence.</p> <p>The jail later provided me with a video recording of the incident which I placed into evidence.</p>

Reporting Officer OFC THOMAS EDWARD CLARK (3484)	Department KEY WEST POLICE DEPARTMENT	Report Status: Approved
Supervising Officer		Date/Time
Verifying Officer SGT JEFFERY SCOTT WILLIAMSON (1557)	Department KEY WEST POLICE DEPARTMENT	Date / Time 06/23/2015 21:52

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Key West Police Department

Report 06/22/2015 16:30

Incident Report

Case # 01-15-002908

	This case is cleared by arrest.
	End of Narrative: 1

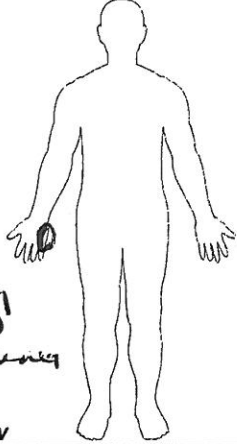
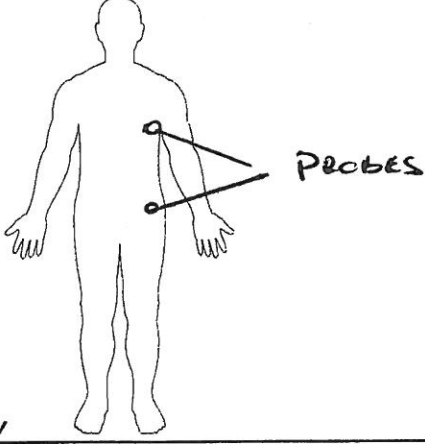
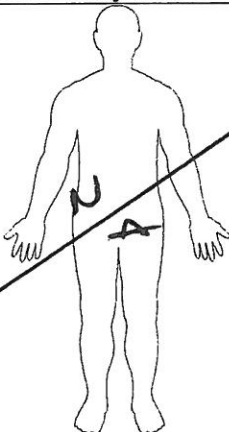
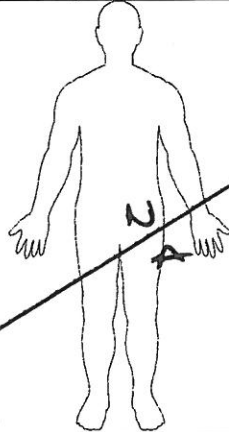
Reporting Officer OFC THOMAS EDWARD CLARK (3484)	Department KEY WEST POLICE DEPARTMENT	Report Status: Approved
Supervising Officer		Date/Time
Verifying Officer SGT JEFFERY SCOTT WILLIAMSON (1557)	Department KEY WEST POLICE DEPARTMENT	Date / Time 06/23/2015 21:52

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15-Response to Resistance Report

Key West Police Department

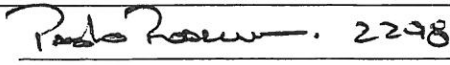
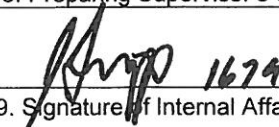
Case No: 15-2972

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: 6/26/15		3. Time: 1905	4. Location: 3032 No. Roosevelt Bl
5. Incident type: Criminal Mischief			
INCIDENT	6. Resistance Level	7. Explanation	8. Response Option
	<input checked="" type="checkbox"/> Passive:	Non-compliant to orders	<input type="checkbox"/> Physical Control
	<input checked="" type="checkbox"/> Active:	Flee from arrest	<input checked="" type="checkbox"/> Non-lethal Weapon
	<input type="checkbox"/> Aggressive:		<input type="checkbox"/> Deadly Force
	<input type="checkbox"/> Deadly Force:		
SUBJECT	10. Last Name: Gluvna		11. First: Austin
	12. Race: W		13. Sex: M
	14. DOB: 7/14/94		15. Height: 503
	16. Weight: 135		
	17. Did you observe the subject: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If NO, explain why in Section 42. If "YES", complete sections 18-22		
	18. Appeared to be: <input checked="" type="checkbox"/> Intoxicated <input checked="" type="checkbox"/> Under the influe... motionally / mentally disturbed		
	19. 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 22)		
	20. Photographed: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
	21. Treated: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes By: <input checked="" type="checkbox"/> EMT/Paramedic on scene <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Detention		
			
22. Anterior View		Posterior View	
OFFICER	23. Officer: Brian Leahy		
	24. Race: W 25. Sex: M 26. Age: 46 27. Height: 510 28. Weight: 210		
	29. 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		
	30. Yrs Exp: 9		
	31. 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 35)		
	32. Photographed: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 33. Treated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital		
	34. Response option used by this officer: (If TASER®, also reference line number from TASER® section) TASER		
			
35. Anterior View		Posterior View	

Response to Resistance Report (continued)

Key West Police Department

Case No: 15-2972

TASER USE ONLY	36. TASER® device serial # X12002M0H	37. TASER® device serial #
	TASER®Cam serial # V21000VM426810	TASER®Cam serial #
	Cartridge 1 serial # C4103293D	Cartridge 1 serial #
	Cartridge 2 serial # N/A	Cartridge 2 serial #
	Number of cycles: 1	Number of cycles:
	Type of contact: <input checked="" type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun	Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun
	Did probes penetrate skin: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Target distance at probe launch: 10 Feet	Target distance at probe launch:
	Distance between probes: 20 Inches	Distance between probes:
	Probes removed by (name): Ofc. J. Young	Probes removed by (name):
Device downloaded by: D. Barrios	Device downloaded by:	
<input type="checkbox"/> 38. Check and list any additional TASER® devices, cartridges or details in the incident description section.		
REPORT	39. Offense/Incident Report and/or Warrant Affidavit must include:	
	<input checked="" type="checkbox"/> All necessary criminal elements. <input checked="" type="checkbox"/> All details of the arrest <input checked="" type="checkbox"/> Details articulating the subject's words, mannerisms and actions that justify the use of force. <input checked="" type="checkbox"/> Details outlining the response to resistance utilized by each officer. <input checked="" type="checkbox"/> Detailed description of injury complaints and/or observed injuries <input checked="" type="checkbox"/> Details outlining the decontamination, first aid or medical treatment provided to the officer and/or subject.	
SUPERVISOR'S INQUIRY	40. Notified Date: 6/26/15	
	41. Time: 1905 Hours	
	42. Did you respond to the scene: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)	
	43. Did you meet with the Officer: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)	
44. 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
45. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS		
46. Preparing Supervisor's Signature / ID		47. Date
 2298		6/26/15
48. 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 51)		49. Signature of Internal Affairs Inspector
 1679		7/6/15
51. If section 48 is "No" record the Professional Standards Control Number:		52. Date Entered:

Key West Police Department

Report 06/26/2015 19:21

Incident Report

Case # 01-15-002972

I N C I D E N T	Case #	Report	Occurred From	Occurred To	Report Type
	01-15-002972	06/26/2015 19:21	06/26/2015 19:05	06/26/2015 19:12	Original
	Dept. Classification		Case Status	Case Status Date	Cleared
	CRIMINAL MISCHIEF OFFENSE		CLEARED BY ARREST	06/26/2015	06/26/2015 19:18
	Common Name WENDY S (NRB) - 3336 N ROOSEVELT BV KEYWEST, FL 33040 (MONROE County)				
	Day of Week : FRIDAY Dispatched : 06/26/2015 19:06 Responded : 06/26/2015 19:06 Arrived : 06/26/2015 19:07 Map Reference : 3341XX2XN Location Type : RESTAURANT		Beat Assignment : 5 Alcohol Related : Yes Drug Related : Unknown Total Damaged Property Value : \$0.00 Total Stolen Property Value : \$0.00 Total Recovered Property Value : \$0.00		

O F F E N S E 1	State Classification		Attempted/Committed
			COMMITTED
	Statute/Ordinance	Location Type	Disposition Date
		RESTAURANT	06/26/2015
	Federal Classification : DAMAGE PROP-CRIM MISCH OVER 200 DOLS UNDER 1000 DOLS-806.13(1)(B)(2) AUSTIN GLUVNA (SUSP,Primary Role); WENDY'S (VICT,Primary Role) Computer Theft : No # of Premises : 1 Structure Occupancy : OCCUPIED		
	Evidence Collected : Yes State Disposition : ADULT/ADULT+JUVENILES Federal Disposition : CLEARED BY ARREST # of People Arrested : 1		
End of Offense: 1			

O F F E N S E 2	State Classification		Attempted/Committed
			COMMITTED
	Statute/Ordinance	Location Type	Disposition Date
		OTHER	06/26/2015
	Federal Classification : RESIST OFFICER OBSTRUCT WO VIOLENCE-843.02 AUSTIN GLUVNA (SUSP,Primary Role); STATE OF FLORIDA (VICT,Primary Role) Computer Theft : No # of Premises : 1 Structure Occupancy : OCCUPIED		
	Evidence Collected : Yes State Disposition : ADULT/ADULT+JUVENILES Federal Disposition : CLEARED BY ARREST # of People Arrested : 1		
End of Offense: 2			

P E R S O N 1	Person Type		Business/Person Name		Business Phone
	SUSPECT/ARRESTEE		AUSTIN JOSEPH GLUVNA		
	Home Phone		Person Address		
			10766 W SAMPLE RD CORAL SPRINGS FL 33065		
	Other Phone		Employer Address		
	Race	Sex	SSN	DL Exp. Date	DL Number
	WHITE	Male		07/14/2018	G415010942540
	Birth Date		Birth Place		
	07/14/1994		FL, UNITED STATES		
Age : 20 Occupation : UNEMPLOYED DL State : FL DL Country : UNITED STATES Adult/Juvenile : ADULT Shirt : MIAMI DOLPHINS Pants : BLUE SHORTS Shoes : SANDALS Hair Color : BROWN Hair Length : SHORT					
Facial Hair : STUBBLE Teeth : OTHER Eye Color : BROWN Build : SHORT Complexion : LIGHT Status : ARRESTEE Speech : SLURRED Residency Type : FLORIDA Residency Status : FULL YEAR Citizenship : UNITED STATES					

Reporting Officer BRIAN P LEAHY (2965)		Department KEY WEST POLICE DEPARTMENT	Report Status: Approved
Supervising Officer			Date/Time
Verifying Officer SGT DONALD JULIAN BARRIOS (1850)			Date / Time 06/27/2015 03:27
Department KEY WEST POLICE DEPARTMENT			

Key West Police Department

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P E R S O N 2	Hair Style : CREWCUT		Body Marks:		
	End of Person: 1				
	Person Type	Business/Person Name			Business Phone
	VICTIM	WENDY'S			(305) 296-0324
	Home Phone	Person Address Use Address from Incident Location Information			
	Other Phone	Employer Address			
	Race	Sex	SSN	DL Exp. Date	DL Number
	Birth Date	Birth Place			
Victim Type : BUSINESS					Can Identify Offender : Yes
Will File Charges : Yes					Body Marks:
End of Person: 2					

P E R S O N 3	Person Type	Business/Person Name			Business Phone	
	VICTIM	STATE OF FLORIDA				
	Home Phone	Person Address				
	Other Phone	Employer Address				
	Race	Sex	SSN	DL Exp. Date	DL Number	
	Birth Date	Birth Place				
	Victim Type : GOVERNMENT					Can Identify Offender : Yes
	Will File Charges : Yes					Body Marks:
End of Person: 3						

P R O P E R T Y 1	Category	Property Type	Make	Model	
	EVIDENCE/SEIZED	TASER CARTRIDGE	Plastic		
	Serial #	Color	Description	Condition	
	C4103293D	BLACK	CARTRIDGE CONTAINING 2 PROBES	USED	
	UCR Type : MISCELLANEOUS			Recovery Location : 3032 N ROOSEVELT BV KEY WEST FL 33040	
	Quantity/Weight : 1			Recovered By : LEAHY	
Value : \$1.00			Recovery Date and Time : 06/26/2015 19:15		
Rec. Officer : LEAHY, BRIAN P.			Recovery Value : \$1.00		
End of Property: 1					

P R O P E R T Y 2	Category	Property Type	Make	Model	
	EVIDENCE/SEIZED	AFIDS	PAPER		
	Serial #	Color	Description	Condition	
	C4103293D		APHIDS		
	Quantity/Weight : 4			Recovered By : LEAHY	
	Rec. Officer : LEAHY, BRIAN P.			Recovery Date and Time : 06/26/2015 19:15	
Recovery Location : 3032 N ROOSEVELT BV KEY WEST FL 33040			Recovery Value : \$1.00		
End of Property: 2					

Reporting Officer BRIAN P LEAHY (2965)	Department KEY WEST POLICE DEPARTMENT	Report Status: Approved
Supervising Officer		Date/Time
Verifying Officer SGT DONALD JULIAN BARRIOS (1850)	Department KEY WEST POLICE DEPARTMENT	Date / Time 06/27/2015 03:27

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Key West Police Department

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Incident Report

Case # 01-15-002972

P R O P E R T Y 3	Category EVIDENCE/SEIZED	Property Type AUDIO/CD	Make	Model
	Serial #	Color	Description CD WITH TASER VIDEO	Condition NEW
	UCR Type : MISCELLANEOUS Quantity/Weight : 1 Value : \$1.00 Rec. Officer : LEAHY, BRIAN P.		Recovery Location : 3032 N ROOSEVELT BV KEY WEST FL 33040 Recovered By : LEAHY Recovery Date and Time : 06/26/2015 19:15 Recovery Value : \$1.00	
	End of Property: 3			

N A R R A T I V E 1	Topic ORIGINAL
	<p>On 06/26/2015, at approximately 1905 hours, Ofc. Fraga and I, Ofc. Leahy responded to 3336 N. Roosevelt Blvd. (Wendy's restaurant) in reference to a male subject in a verbal confrontation with Wendy's employees.</p> <p>Prior to our arrival, KWPD Dispatch advised the white male subject, later identified by name and date of birth as Austin Joseph Gluvna (Arrestee), had broken a rear door window at Wendy's.</p> <p>KWPD Dispatch described Gluvna, as a short white male, wearing a teal shirt.</p> <p>As I approached the Searstown parking lot, (3302 N. Roosevelt Blvd.) I saw a short white male, (Gluvna) walking away from the Outback Steakhouse, which is located within the Searstown complex. Gluvna was carrying a teal shirt, which he had wrapped around his right hand. I could visibly see blood on the right forearm of Gluvna.</p> <p>Gluvna matched the description of the short white male, having a teal shirt, who had just broke the rear door window at Wendy's</p> <p>I stopped my marked patrol vehicle and exited. I was wearing a full KWPD Class B uniform. I had removed my "TASER" from my duty belt and activated it. Once Gluvna became aware of my presence, he turned his head to the left and began to walk at a fast pace towards Sears. I gave a lawful command to Gluvna, "Hey get on the ground, get on the ground now." Once Gluvna heard my command and looked in my direction, confirming I was a police officer, he started to run towards the side entrance of Sears. I pursued Gluvna towards Sears. Gluvna opened the entrance to Sears and attempted to enter the store while fleeing from me. I deployed my "TASER" at the back area of Gluvna. The two prongs made contact with Gluvna's back area, which caused nuero-muscular incapacitation (NMI). Gluvna fell to the ground within the corridor of Sears. Gluvna sustained a five second cycle from the "TASER."</p> <p>I gave multiple verbal commands for Gluvna to lie on his stomach and place his hands behind his back. Gluvna refused to comply with my verbal commands, several times. Gluvna finally complied and placed his hands behind his back. Ofc. J. Young, who was working an off-duty detail at the movie theater came to my aid, and placed handcuffs on Gluvna. I observed the two "TASER" probes in the rear back area of Gluvna. One "TASER" probe was located near his right rear armpit area. The other "TASER" probe was located on the right side of his lower back. I observed Gluvna to have a large laceration on the right side of his right hand, consistent with punching a hand through a glass window.</p>

Reporting Officer BRIAN P LEAHY (2965)	Department KEY WEST POLICE DEPARTMENT	Report Status: Approved
Supervising Officer		Date/Time
Verifying Officer SGT DONALD JULIAN BARRIOS (1850)	Department KEY WEST POLICE DEPARTMENT	Date / Time 06/27/2015 03:27

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Ofc. J. Young and Ofc. Fraga helped Gluvna to his feet. They placed him a chair outside the Sears entrance. Ofc. J. Young removed the "TASER probes from Gluvna's back area. I subsequently placed the "TASER cartridge, probes, and aphids into KWPDP Property and Evidence as evidence.

Key West Fire Department Rescue 3 arrived on scene to evaluate Gluvna's hand injury and his back area where the "TASER" probes made contact.

Ofc. Rhinhart conducted a show up, with an employee from Wendy's, identified as Carl Baken. Baken positively identified Gluvna as the subject who became confrontational and the subject who had broken the rear door window at Wendy's. Baken said Gluvna was employed at Wendy's as of 06/25/2015. Baken said Gluvna quit his job. Baken said Gluvna came into the Wendy's drunk. Baken said Gluvna became very hostile and confrontational with employees so he escorted Gluvna out of the restaurant through a rear door. Baken said, this is when Gluvna broke the back door rear window with his hand. The broken window is valued at approximately \$200.00.

Baken wrote out a sworn written statement. I placed the statement into the KWPDP Records Division.

I rode with Rescue 3 to Lower Keys Medical Center, due to Gluvna's behavior of continual resistance in the ambulance. Gluvna continued to move around and not listen to verbal commands, to stop and sit still.

While sitting with Gluvna, I observed his eyes to be glassy and bloodshot. I observed Gluvna's speech to be very slurred when he spoke. I observed a strong odor of an alcoholic beverage emanating from Gluvna's person.

Once inside Lower Keys Medical Center, Gluvna was treated by Dr. Guerden. Gluvna received multiple stitches on his right hand. Ofc. Fraga took photos of Gluvna's injuries.

After Gluvna was treated, I advised Gluvna of his Miranda Rights. Gluvna invoked his rights and refused to speak to me without a lawyer present.

Based on the facts and evidence, I believe there is probable cause, that on 06/26/2015, Austin Joseph Gluvna, did knowingly and intentionally break the rear window at the Wendy's restaurant violating FSS 806.13 (1)(b)(1) damage property criminal mischief \$200 an under \$1000.

Based on the facts and evidence, I believe there is probable cause, that on 06/26/2015, Austin Joseph Gluvna, did knowingly and intentionally run from police after committing a crime and when given verbal commands to stop, Gluvna refused, violating FSS 843.02 resisting officer without violence.

Once cleared from Lower Keys Medical Center, Ofc. Fraga and I transported Gluvna to the Monroe County Detention Center.

All photographs from the incident will subsequently be downloaded into the "COBAN" system.

I placed a CD containing a "TASER" video into KWPDP Property and Evidence as Evidence.

This incident is cleared by arrest.

Reporting Officer BRIAN P LEAHY (2965)	Department KEY WEST POLICE DEPARTMENT	Report Status: Approved
Supervising Officer		Date/Time
Verifying Officer SGT DONALD JULIAN BARRIOS (1850)	Department KEY WEST POLICE DEPARTMENT	Date / Time 06/27/2015 03:27

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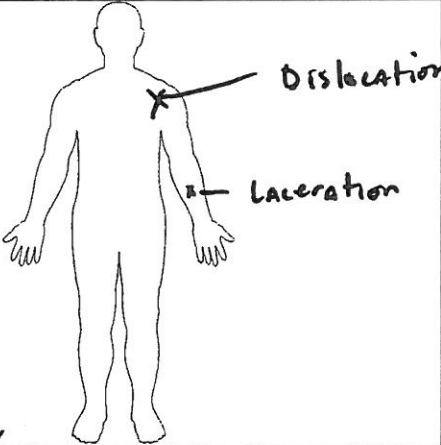
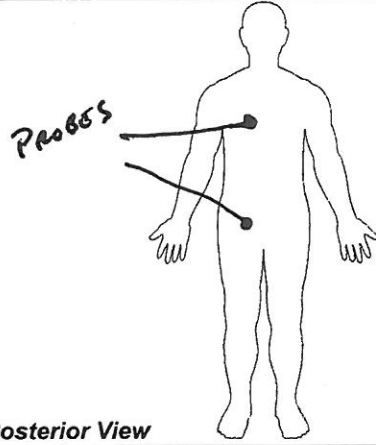
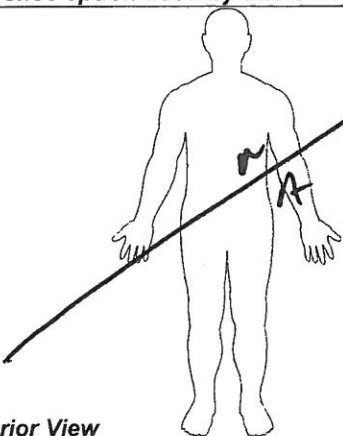
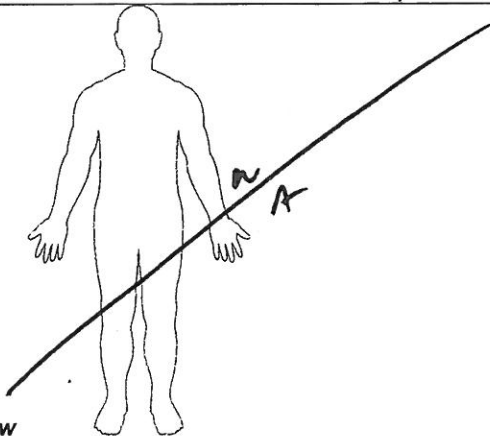
	I will follow-up with Sears security to see if the incident was captured on security video.
	End of Narrative: 1

Reporting Officer BRIAN P LEAHY (2965)	Department KEY WEST POLICE DEPARTMENT	Report Status: Approved
Supervising Officer		Date/Time
Verifying Officer SGT DONALD JULIAN BARRIOS (1850)	Department KEY WEST POLICE DEPARTMENT	Date / Time 06/27/2015 03:27

Response to Resistance Report

Key West Police Department

Case No: 15-2973

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)						
INCIDENT	2. Date: 06/26/2015	3. Time: 1908 hrs	4. Location: 200 Block Julia Street	5. Incident type: TASING		
	6. Resistance Level	7. Explanation	8. Response Option	9. Explanation		
	<input type="checkbox"/> Passive:	Subj attempted to run <i>can't</i>	<input type="checkbox"/> Physical Control			
	<input checked="" type="checkbox"/> Active:		<input checked="" type="checkbox"/> Non-lethal Weapon	TASING		
<input type="checkbox"/> Aggressive:	<input type="checkbox"/> Deadly Force					
<input type="checkbox"/> Deadly Force:						
SUBJECT	10. Last Name: Clayton		11. First: Ervin	12. Race: B	13. Sex: M	
	14. DOB: 06/19/1965		15. Height: 6'00"		16. Weight: 200	
	17. Did you observe the subject: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If NO, explain why in Section 42. If "YES", complete sections 18-22					
	18. Appeared to be: <input type="checkbox"/> Intoxicated <input type="checkbox"/> Under the influence of controlled substance <input type="checkbox"/> Emotionally / mentally disturbed					
	19. 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 22)					
	20. Photographed: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 21. Treated: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes By: <input checked="" type="checkbox"/> EMT/Paramedic on scene <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Detention					
						
	22. Anterior View		Posterior View			
	OFFICER	23. Officer: Igor Kasyanenko		24. Race: W	25. Sex: M	26. Age: 28
		27. Height: 6'1"		28. Weight: 220		
29. 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 30. Yrs Exp: 1.5						
31. 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 35)						
32. Photographed: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 33. Treated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital						
34. Response option used by this officer: (If TASER®, also reference line number from TASER® section) 36						
						
35. Anterior View		Posterior View				

Response to Resistance Report (continued)

Key West Police Department

Case No: 15-2973

TASER USE ONLY	36. TASER® device serial # X12002KPA	37. TASER® device serial #
	TASER®Cam serial # V21000VVT	TASER®Cam serial #
	Cartridge 1 serial # C4102N801	Cartridge 1 serial #
	Cartridge 2 serial #	Cartridge 2 serial #
	Number of cycles: 1	Number of cycles:
	Type of contact: <input checked="" type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun	Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun
	Did probes penetrate skin: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Target distance at probe launch: 8 feet	Target distance at probe launch:
	Distance between probes: 18 inches	Distance between probes:
	Probes removed by (name): KWFD Thomas Bellinham	Probes removed by (name):
Device downloaded by: Sgt. Donny Barrios	Device downloaded by:	
<input type="checkbox"/> 38. Check and list any additional TASER® devices, cartridges or details in the incident description section.		
REPORT	39. Offense/Incident Report and/or Warrant Affidavit must include:	
	<input checked="" type="checkbox"/> All necessary criminal elements. <input checked="" type="checkbox"/> All details of the arrest <input checked="" type="checkbox"/> Details articulating the subject's words, mannerisms and actions that justify the use of force. <input checked="" type="checkbox"/> Details outlining the response to resistance utilized by each officer. <input checked="" type="checkbox"/> Detailed description of injury complaints and/or observed injuries <input checked="" type="checkbox"/> Details outlining the decontamination, first aid or medical treatment provided to the officer and/or subject.	
SUPERVISOR'S INQUIRY	40. Notified Date: 06/26/15	
	41. Time: 1909 hours	
	42. Did you respond to the scene: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)	
	43. Did you meet with the Officer: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)	
INT. AFF.	44. Were you able to locate any independent witnesses: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," list below)	
	Name	Address
45. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS		
46. Preparing Supervisor's Signature / ID		
47. Date		
48. 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 51)		
49. Signature of Internal Affairs Inspector		
50. Date		
51. If section 48 is "No" record the Professional Standards Control Number:		
52. Date Entered:		

Key West Police Department

Report 06/26/2015 19:31

Incident Report

Case # 01-15-002973

I N C I D E N T	Case #	Report	Occurred From	Occurred To	Report Type
	01-15-002973	06/26/2015 19:31	06/26/2015 19:02	06/26/2015 19:08	Original
	Dept. Classification		Case Status	Case Status Date	Cleared
	DRUG/NARCOTIC RELATED OFFENSE		CLEARED BY ARREST	06/27/2015	06/26/2015 23:30
	Common Name 227 JULIA ST Apt. BLK KEYWEST, FL 33040 (MONROE County)				
	Day of Week : FRIDAY Dispatched : 06/26/2015 19:02 Responded : 06/26/2015 19:02 Arrived : 06/26/2015 19:02 Map Reference : 1142XX6XO Related Cases : 0115002940[OFFN-OFFENSE] Location Type : HIGHWAY/ROADWAY		Location Type : HIGHWAY/ROADWAY Beat Assignment : 2 Alcohol Related : No Drug Related : Yes Total Damaged Property Value : \$0.00 Total Stolen Property Value : \$0.00 Total Recovered Property Value : \$0.00		

O F F E N S E 1	State Classification		Attempted/Committed
			COMMITTED
	Statute/Ordinance	Location Type	Disposition Date
		HIGHWAY/ROADWAY	06/26/2015
	Federal Classification : RESIST OFFICER INTERFERE W LEO WO VIOLENCE-893.09(4) Ervin Clayton (SUSP,Primary Role,User Defined); State of Florida (VICT,Primary Role,User Defined) Attack Reason : OTHER How Entry : OTHER Forced Entry : Not Applicable Computer Theft : Not Applicable		# of Premises : 01 Evidence Collected : Yes State Disposition : ADULT/ADULT+JUVENILES Federal Disposition : CLEARED BY ARREST # of People Arrested : 01
End of Offense: 1			

O F F E N S E 2	State Classification		Attempted/Committed
			COMMITTED
	Statute/Ordinance	Location Type	Disposition Date
		HIGHWAY/ROADWAY	06/26/2015
	Federal Classification : MARIJUANA-POSSESS NOT MORE THAN 20 GRAMS-893.13(6)(B) Ervin Clayton (SUSP,Primary Role,User Defined); State of Florida (VICT,Primary Role,User Defined) Attack Reason : UNKNOWN How Entry : OTHER Forced Entry : Not Applicable Computer Theft : Not Applicable		# of Premises : 01 Criminal Activity 1 : POSSESS Evidence Collected : Yes State Disposition : ADULT/ADULT+JUVENILES Federal Disposition : CLEARED BY ARREST # of People Arrested : 01
End of Offense: 2			

O F F E N S E 3	State Classification		Attempted/Committed
			COMMITTED
	Statute/Ordinance	Location Type	Disposition Date
		HIGHWAY/ROADWAY	06/26/2015
	Federal Classification : DRUG EQUIP-POSSESS AND OR USE-893.147(1) Ervin Clayton (SUSP,Primary Role,User Defined); State of Florida (VICT,Primary Role,User Defined) Attack Reason : OTHER How Entry : OTHER Forced Entry : Not Applicable Computer Theft : Not Applicable		# of Premises : 01 Criminal Activity 1 : POSSESS Evidence Collected : Yes State Disposition : ADULT/ADULT+JUVENILES Federal Disposition : CLEARED BY ARREST # of People Arrested : 01
End of Offense: 3			

Reporting Officer OFC Jesse Lee Hammers (3631)	Department PATROL DIVISION	Report Status: Approved
Supervising Officer		Date/Time
Verifying Officer SGT DONALD JULIAN BARRIOS (1850)		Date / Time 06/27/2015 03:55
Department KEY WEST POLICE DEPARTMENT		

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Key West Police Department

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Incident Report

Case # 01-15-002973

P E R S O N 1	Person Type	Business/Person Name			Business Phone
	SUSPECT/ARRESTEE	Ervin Jerome Clayton			
	Home Phone	Person Address			
		GENERAL DELIVERY			
	Other Phone	Employer Address			
	Race BLACK	Sex Male	SSN	DL Exp. Date	DL Number None
Birth Date 06/19/1965	Birth Place Unknown, NC, UNITED STATES				
Age : 50 Occupation : NONE Ethnic Origin : NON-HISPANIC Min. Height : 6'00" Max. Height : 6'01" Min. Weight : 195 lbs Max. Weight : 205 lbs Adult/Juvenile : ADULT Employer : None Relationship : OTHER OF State of Florida Coat : None Hat : None Shirt : Green tee shirt Pants : Board shorts Shoes : Sneakers Hair Color : BROWN Hair Length : SHORT Hair Style : CREWCUT					Facial Hair : MUSTACHE AND BEARD Teeth : OTHER Eye Color : BROWN Build : MUSCULAR Complexion : DARK Glasses : Unknown Hand Use : RIGHT HANDED Caution : KNOWN FELON Status : ARRESTEE Religion : UNKNOWN Marital Status : UNKNOWN Speech : NORMAL Residency Type : OUT OF STATE Residency Status : NON-RESIDENT Citizenship : UNITED STATES Weapon Held : HANDS/FISTS/FEET Body Marks:
End of Person: 1					

P E R S O N 2	Person Type	Business/Person Name			Business Phone
	VICTIM	State of Florida			
	Home Phone	Person Address			
	Other Phone	Employer Address			
	Race	Sex	SSN	DL Exp. Date	DL Number
Birth Date	Birth Place				
Relationship : OTHER OF Ervin Clayton Victim Type : GOVERNMENT Will File Charges : Yes					Can Identify Offender : Yes Body Marks:
End of Person: 2					

P R O P E R T Y 1	Category	Property Type	Make	Model
	EVIDENCE/SEIZED	DRUG	Marijuana	Leafy
	Serial #	Color	Description	Condition
		GREEN	Ftp marijuana	New
	UCR Type : MISCELLANEOUS Associations : OWNER IS Ervin Clayton Relationship to Offense(s) : YES IS Offense 1, YES IS Offense 2, YES IS Offense 3 Year : 2015 Quantity/Weight : 1.8 Value : \$20.00 Insured : No Rec. Officer : HAMMERS, JESSE L.		Drug Activity : POSSESS Drug Type : MARIJUANA Drug Units : 1.800 GRAM(s) Drug Value : \$20. Recovery Location : Use Address from Incident Location Information Recovered By : Ofc. J. Hammers Recovery Date and Time : 06/26/2015 19:30 Recovery Value : \$20.00	
End of Property: 1				

Reporting Officer OFC Jesse Lee Hammers (3631)	Department PATROL DIVISION	Report Status: Approved
Supervising Officer		Date/Time
Verifying Officer SGT DONALD JULIAN BARRIOS (1850)	Department KEY WEST POLICE DEPARTMENT	Date / Time 06/27/2015 03:55

Key West Police Department

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Incident Report

Case # 01-15-002973

P R O P E R T Y 2	Category EVIDENCE/SEIZED	Property Type DRUG PARAPHERNALIA	Make Bag	Model Platic
	Serial #	Color CLEAR	Description Three clear bags	Condition Used
	UCR Type : MISCELLANEOUS Associations : OWNER IS Ervin Clayton Relationship to Offense(s) : YES IS Offense 1, YES IS Offense 2, YES IS Offense 3 Year : 2015 Quantity/Weight : 3 Value : \$1.00 Insured : No Rec. Officer : HAMMERS, JESSE L.		Drug Activity : POSSESS Drug Type : PARAPHERNALIA/EQUIPMENT Drug Units : 3.000 DOSE UNIT/ITEM(s) Drug Value : \$1. Recovery Location : Use Address from Incident Location Information Recovered By : Ofc. J. Hammers Recovery Date and Time : 06/26/2015 19:30 Recovery Value : \$1.00	
End of Property: 2				

N A R R A T I V E 1	Topic ORIGINAL
	<p>On Friday, 06/26/2015, at approximately 1902 hours, I (Ofc. J. HAMMERS) was conducting routine patrol in the area of Thomas Street and Julia Street.</p> <p>While on patrol, I observed ERVIN JEROME CLAYTON walking north on Thomas Street. I identified CLAYTON from previous encounters, and was recently informed that there was an active warrant for his arrest. The warrant was signed on 06/24/2015 by the Honorable Judge WAYNE MILLER with a bond amount of \$2,500.00. The warrant was for the violation of F.S.S. 775.13 (5)(a), failing to register as a convicted felon (MCSO015ARR3033).</p> <p>I initiated my lights, sirens, and in-car Coban system. I ordered CLAYTON to stop. CLAYTON provided me with his information. KWPD Comm. II advised me that CLAYTON had an active warrant for his arrest. Ofc. I. KASYANENKO arrived on scene. While waiting for KWPD Comm. II to officially confirm the warrant with MCSO, I informed CLAYTON that he would be arrested for failing to register as a convicted felon in Monroe County.</p> <p>CLAYTON became upset and was in disbelief about the situation. While speaking to CLAYTON, he abruptly dropped the bag and cup he was holding, and ran west on the 200 block of Julia Street. Ofc. I. KASYANENKO ran after CLAYTON. I observed Ofc. I. KASYANENKO deploy his TASER. Ofc. I. KASYANENKO made contact with his TASER, and I observed CLAYTON sustain full neuromuscular incapacitation. CLAYTON immediately fell to the ground. One of the TASER probes made contact with CLAYTON's left shoulder, and the other to CLAYTON's lower back. Ofc. I. KASYANENKO and I gave loud verbal commands for CLAYTON to lay on his stomach and put his hands behind his back. I placed CLAYTON into handcuffs.</p> <p>CLAYTON was treated by KWFD on scene. KWFD responder THOMAS BELLINHAM removed the TASER prongs from CLAYTON's back. CLAYTON had a laceration to his left forearm (believed to have been sustained from the fall), and he complained of intense pain to his left shoulder.</p> <p>I searched CLAYTON's person incident to his arrest. I located three clear plastic bags containing a green leafy substance in CLAYTON's right pant pocket. Two of the clear plastic bags were small in size, and the third was a sandwich sized bag. Ofc. I. KASYENANKO took possession of the suspected marijuana. Ofc. I. KASYANENKO said the green leafy substance field tested positive for marijuana (1.8 grams). Ofc. I. KASYANENKO said he processed the FTP marijuana and submitted it into KWPD</p>

Reporting Officer OFC Jesse Lee Hammers (3631)	Department PATROL DIVISION	Report Status: Approved
Supervising Officer		Date/Time
Verifying Officer SGT DONALD JULIAN BARRIOS (1850)	Department KEY WEST POLICE DEPARTMENT	Date / Time 06/27/2015 03:55

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Key West Police Department

Report 06/26/2015 19:31

Incident Report

Case # 01-15-002973

<p>Property section as evidence, along with the three clear plastic bags which contained the FTP marijuana (paraphernalia).</p> <p>I transported CLAYTON to Lower Keys Medical Center for further treatment. Lower Keys Medical staff said CLAYTON had internal injuries to his shoulder. CLAYTON was treated at Lower Keys Medical Center, then transported to MCDC by Ofc. D. MORRIS.</p> <p>Based on the facts and evidence, I believe probable cause exists that on 06/26/2015, ERVIN JEROME CLAYTON did knowingly and intentionally resist arrest by fleeing on foot after being informed about an active warrant for his arrest, in contrary to F.S.S. 893.09 (4) .</p> <p>I also believe probable cause exists that on the same date listed above, ERVIN JEROME CLAYTON did knowingly and intentionally possess marijuana under 20 grams and drug paraphernalia in contrary to F.S.S. 893.13 (6)(b) and F.S.S. 893.147 (1).</p> <p>I arrested ERVIN JEROME CLAYTON for resisting arrest without violence, possession of marijuana under 20 grams, and possession of drug paraphernalia.</p> <p>ERVIN JEROME CLAYTON did sustain a dislocated left shoulder and also had a chipped bone.</p> <p>CLEARED BY ARREST</p>	
End of Narrative: 1	

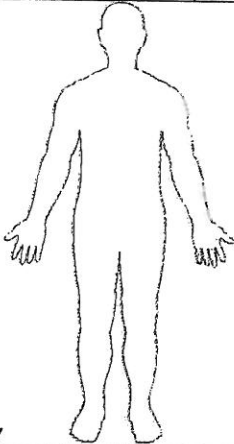
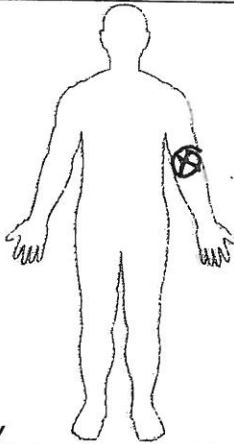
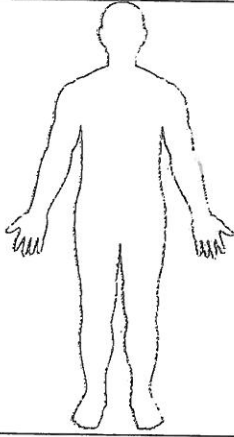
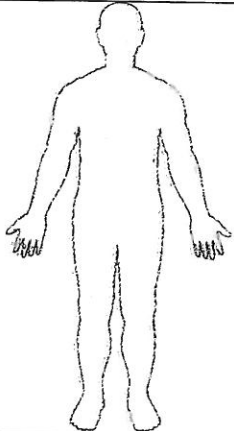
Reporting Officer OFC Jesse Lee Hammers (3631)	Department PATROL DIVISION	Report Status: Approved
Supervising Officer		Date/Time
Verifying Officer SGT DONALD JULIAN BARRIOS (1850)	Department KEY WEST POLICE DEPARTMENT	Date / Time 06/27/2015 03:55

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Response to Resistance Report

Key West Police Department

Case No: 15-002988

1. A Response to Resistance Report will be completed by the supervisor for: (Check all that apply)						
<input type="checkbox"/> A response through the use of non-lethal weapons,						
<input checked="" 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 checked="" 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)						
INCIDENT	2. Date: 6/27/2015	3. Time: 1140	4. Location: Mallory Square	5. Incident type: Resisting W/O viol		
	6. Resistance Level	7. Explanation	8. Response Option	9. Explanation		
	<input type="checkbox"/> Passive:		<input checked="" type="checkbox"/> Physical Control	took subj to ground		
	<input checked="" type="checkbox"/> Active:	Subj pulling away and tensing	<input type="checkbox"/> Non-lethal Weapon			
	<input type="checkbox"/> Aggressive:		<input type="checkbox"/> Deadly Force			
	<input type="checkbox"/> Deadly Force:					
SUBJECT	10. Last Name: Messersmith		11. First: Jason	12. Race: W	13. Sex: M	
	14. DOB: 9/18/1970		15. Height: 6'04"		16. Weight: 230	
	17. Did you observe the subject: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If NO, explain why in Section 42. If "YES", complete sections 18-22					
	18. Appeared to be: <input checked="" type="checkbox"/> Intoxicated <input type="checkbox"/> Under the influence of controlled substance <input checked="" type="checkbox"/> Emotionally / mentally disturbed					
	19. 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 22)					
	20. Photographed: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 21. 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					
						
	22. Anterior View		Posterior View			
	OFFICER	23. Officer: Michael Chaustit		24. Race: W	25. Sex: M	26. Age: 37
		27. Height: 6'00"		28. Weight: 275		29. 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		30. Yrs Exp: 9				
31. 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 35)						
32. Photographed: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 33. Treated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital						
34. Response option used by this officer: (If TASER®, also reference line number from TASER® section)						
						
35. Anterior View		Posterior View				

Response to Resistance Report (continued)

Key West Police Department

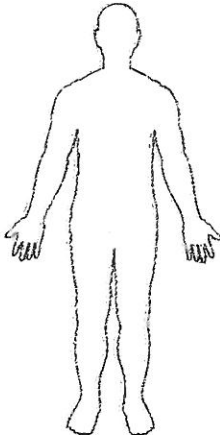
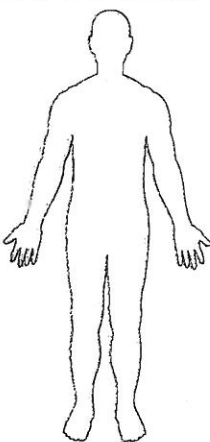
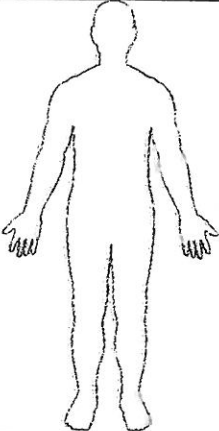
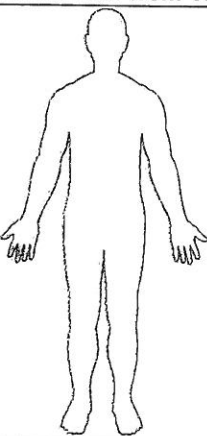
Case No: 15-00298815-002988

TASER USE ONLY	36. TASER® device serial # N/A	37. 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"/> 38. Check and list any additional TASER® devices, cartridges or details in the incident description section.		
REPORT	39. Offense/Incident Report and/or Warrant Affidavit must include: <input checked="" type="checkbox"/> All necessary criminal elements. <input checked="" type="checkbox"/> All details of the arrest <input checked="" type="checkbox"/> Details articulating the subject's words, mannerisms and actions that justify the use of force. <input checked="" type="checkbox"/> Details outlining the response to resistance utilized by each officer. <input checked="" type="checkbox"/> Detailed description of injury complaints and/or observed injuries <input checked="" type="checkbox"/> Details outlining the decontamination, first aid or medical treatment provided to the officer and/or subject.		
	40. Notified Date: 6/27/2015 41. Time: 1140		
SUPERVISOR'S INQUIRY	42. Did you respond to the scene: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)		
	43. Did you meet with the Officer: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)		
	44. 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.	45. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS		
	46. Preparing Supervisor's Signature / ID 1657 6/27/2015		
	48. 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 51) 49. Signature of Internal Affairs Inspector 1679 7/6/15 50. Date		
	51. If section 48 is "No" record the Professional Standards Control Number: 52. Date Entered:		

Response to Resistance Report (continued)

Key West Police Department

Case No: 15-00298815-002988

OFFICER	23. Officer: Scott Standerwick 24. Race: W 25. Sex: M 26. Age: 46 27. Height: 6'1" 28. Weight: 206					
	29. 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 30. Yrs Exp: 11					
	31. 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 35)					
	32. Photographed: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 33. Treated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital					
	34. Response option used by this officer: (If TASER®, also reference line number from TASER® section)					
OFFICER						
	35. Anterior View		Posterior View			
	23. Officer: 24. Race: 25. Sex: 26. Age: 27. Height: 28. Weight:					
	29. 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 30. Yrs Exp:					
	31. 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 35)					
32. Photographed: <input type="checkbox"/> No <input type="checkbox"/> Yes 33. Treated: <input type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital						
34. Response option used by this officer: (If TASER®, also reference line number from TASER® section)						
OFFICER						
	35. Anterior View		Posterior View			

Key West Police Department

Report 06/27/2015 11:56

Incident Report

Case # 01-15-002988

I N C I D E N T	Case #	Report	Occurred From	Occurred To	Report Type
	01-15-002988	06/27/2015 11:56	06/27/2015 11:36	06/27/2015 11:56	Original
	Dept. Classification		Case Status	Case Status Date	Cleared
	OBSTRUCT/RESIST OFFENSE		CLEARED BY ARREST	06/27/2015	
	Common Name				
MALLORY SQUARE - 1 MALLORY SQUARE KEYWEST, FL 33040 (MONROE County)					
Day of Week : SATURDAY					
Dispatched : 06/27/2015 11:36					
Responded : 06/27/2015 11:36					
Arrived : 06/27/2015 11:36					
Map Reference : 1012MS1XO					
Location Type : WATERWAY/BEACH/MARINA					
Beat Assignment : 1					
Alcohol Related : Yes					
Drug Related : No					
Total Damaged Property Value : \$0.00					
Total Stolen Property Value : \$0.00					
Total Recovered Property Value : \$0.00					

O F F E N S E 1	State Classification		Attempted/Committed
	Statute/Ordinance		COMMITTED
	Location Type		Disposition Date
FEDERAL CLASSIFICATION : RESIST OFFICER OBSTRUCT WO VIOLENCE-843.02		WATERWAY/BEACH/MARINA	
JASON MESSERSMITH (SUSP,Primary Role,User Defined); STATE OF FLORIDA (INTELLIGENCE,Primary Role,User Defined); CITY OF KEY WEST (VICT,Primary Role,User Defined)			
End of Offense: 1			

O F F E N S E 2	State Classification		Attempted/Committed
	Statute/Ordinance		COMMITTED
	Location Type		Disposition Date
FEDERAL CLASSIFICATION : MOV ALCOHOL OPEN CONTAINER PUBLIC PLACE-18-87		WATERWAY/BEACH/MARINA	
JASON MESSERSMITH (SUSP,Primary Role,User Defined); STATE OF FLORIDA (INTELLIGENCE,Primary Role,User Defined); CITY OF KEY WEST (VICT,Primary Role,User Defined)			
End of Offense: 2			

P E R S O N 1	Person Type	Business/Person Name		Business Phone
	SUSPECT/ARRESTEE	JASON A MESSERSMITH		
	Home Phone	Person Address		
		404 SOUTH ST KEY WEST FL 33040		
	Other Phone	Employer Address		
		614 DUVAL ST KEY WEST FL 33040 ,MONROE County		
	Race	Sex	SSN	DL Exp. Date
	WHITE	Male		
	Birth Date	Birth Place		
	09/18/1970	ANIHIME, CA, UNITED STATES		
Age : 44		Facial Hair : MUSTACHE AND BEARD		
Occupation : ART GONE WILD		Teeth : DIRTY		
Ethnic Origin : NON-HISPANIC		Eye Color : BLUE		
Min. Height : 6'04"		Build : TALL/AVERAGE		
Max. Height : 6'04"		Complexion : TANNED		
Min. Weight : 225 lbs		Hand Use : UNKNOWN		
Max. Weight : 245 lbs		Status : ARRESTEE		
Adult/Juvenile : ADULT		Religion : UNKNOWN		
Employer : ART GONE WILD		Marital Status : UNKNOWN		
Shirt : NONE		Speech : NORMAL		
Pants : SHORTS		Residency Type : CITY		
Shoes : KINOS		Residency Status : FULL YEAR		
Hair Color : BLOND		Citizenship : UNITED STATES		
Hair Length : MEDIUM		Body Marks:		
Hair Style : DREADLOCKS				

Reporting Officer	Department	Report Status:
OFC MICHAEL J CHAUSTIT (3141)	KEY WEST POLICE DEPARTMENT	Signed
Supervising Officer		Date/Time
Verifying Officer	Department	Date / Time

Key West Police Department

Report 06/27/2015 11:56

Incident Report

Case # 01-15-002988

End of Person: 1

P E R S O N 2	Person Type	Business/Person Name			Business Phone
	INTELLIGENCE	STATE OF FLORIDA			
	Home Phone	Person Address			
	Other Phone	Employer Address			
	Race	Sex	SSN	DL Exp. Date	DL Number
	Birth Date	Birth Place			
	Relationship : UNDETERMINED OF JASON MESSERSMITH Victim Type : GOVERNMENT Will File Charges : Yes				
Can Identify Offender : Yes Sobriety of Victim : SOBER Body Marks:					
End of Person: 2					

End of Person: 2

P E R S O N 3	Person Type	Business/Person Name			Business Phone
	VICTIM	CITY OF KEY WEST			
	Home Phone	Person Address			
	Other Phone	Employer Address			
	Race	Sex	SSN	DL Exp. Date	DL Number
	Birth Date	Birth Place			
	Relationship : UNDETERMINED OF JASON MESSERSMITH Victim Type : GOVERNMENT Will File Charges : Yes				
Can Identify Offender : Yes Sobriety of Victim : SOBER Body Marks:					
End of Person: 3					

End of Person: 3

N A R R A T I V E 1	Topic	ORIGINAL
	<p>On June 27, 2015, I responded to Mallory Square to assist the bike team with a possible arrest.</p> <p>I arrived and parked my marked patrol car in front of the pavilion. I met with Ofc. Betz and Ofc. Standerwick in the center of Mallory Square. Ofc. Betz was dealing with one subject near the pavilion. Ofc. Standerwick saw a second subject sitting near the parking lot area. Ofc. Standerwick said he saw the white male. later identified as Jason Messersmith pour a 4loco alcoholic beverage into a cup then drink from the same cup.</p> <p>Ofc. Standerwick and I made contact with Mr. Messersmith and told him that he was in violation for drinking an alcoholic beverage. Mr. Messersmith said he did not have an open container he had his alcohol in a cup. Ofc. Standerwick said Messersmith had been warned before. Mr. Messersmith said he had been given an open container warning two days ago. Since he had been warned for the same offence two days ago, I told Mr. Messersmith he was under arrest. Mr. Messersmith stood up, walked over to a trash can, poured out his drink and said there was no need for handcuffs. Mr. Messersmith said he was not going to be arrested because he was not drinking from a can. I told Mr. Messersmith he was being arrested and ordered him to place his hands behind his back. Mr. Messersmith refused to comply was walking back toward his bicycle. I grabbed onto Mr. Messersmith's left wrist and told him again to place his hands behind his back. Mr. Messersmith pulled his right arm in towards his chest and</p>	

Reporting Officer	Department	Report Status:
OFC MICHAEL J CHAUSTIT (3141)	KEY WEST POLICE DEPARTMENT	Signed
Supervising Officer		Date/Time
Verifying Officer	Department	Date / Time

Key West Police Department

Report 06/27/2015 11:56

Incident Report

Case # 01-15-002988

tried to pull his left arm away from me. I gave Mr. Messersmith a loud verbal command to stop resisting, however, he continued to resist my efforts to take him into custody. Mr. Messersmith continued to tense his left arm and pull his body away from me. I used an arm bar to take Mr. Messersmith to the ground. Once on the ground I used a three point pin to gain control of Mr. Messersmith and I was able to cuff his left wrist. I gave Mr. Messersmith loud verbal commands to place his right hand behind his back. Mr. Messersmith refused to comply. Mr. Messersmith held his right arm against his chest and would not place it behind his back. Ofc. Standerwick was able to pull Mr. Messersmith's right arm away from his chest and placed it behind his back. I was able to handcuff Mr. Messersmith's right wrist. Ofc. Standerwick and I sat Mr. Messersmith up and told him he was now also being charged with resisting as well as the open container in public. Ofc. Standerwick stood with Mr. Messersmith and I walked over the pavilion area to get my marked patrol car. I returned with my marked patrol car and placed Mr. Messersmith in the rear seat. Mr. Messersmith did not complain of any injuries or pain when he was placed in the rear of my marked patrol car. The only injury I noticed on Mr. Messersmith was a small abrasion on his right forearm.

I contacted KWPD communications channel two and ran Mr. Messersmith's information through F/NCIC and KWPD CAD system. Communications channel two advised Mr. Messersmith had been given an open container warning by Ofc. Clark on June 23, 2015. (15-200841)

I transported Mr. Messersmith to MDCDC for processing. We arrived at MDCDC and Mr. Messersmith was evaluated by the jail's nurse. The nurse noticed some swelling on Mr. Messersmith's right elbow and requested he be medically cleared by Lower Keys Medical Center. I photographed the abrasions on Mr. Messersmith's right forearm and the swelling on his elbow. I transported Mr. Messersmith to Lower Keys Medical Center for further evaluation.

We arrived at Lower Keys Medical Center and Mr. Messersmith was evaluated by the staff. The staff advised the swelling in Mr. Messersmith's elbow was from a fracture. Due to Mr. Messersmith's extended stay at Lower Keys Medical Center I issued him two notice to appear. The first was for resisting without violence in violation of F.S. 843.02. The second was for open alcoholic beverage in public in violation of city ordinance 18-87.

I downloaded the photos of Mr. Messersmith onto the COBAN system for safe keeping.

End of Narrative: 1

Reporting Officer OFC MICHAEL J CHAUSTIT (3141)	Department KEY WEST POLICE DEPARTMENT	Report Status: Signed
Supervising Officer		Date/Time
Verifying Officer	Department	Date / Time

Response to Resistance Report

Key West Police Department

Case No: 15-003006

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

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

2. Date: 6/28/2015 3. Time: 12:55 4. Location: 719 Olivia St 5. Incident type: Baker's Act

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

☐ Passive:

☒ Active:

☒ Aggressive:

☐ Deadly Force:

Subj 1st fled

Subj charged ofc.

☐ Physical Control

☒ Non-lethal Weapon

☐ Deadly Force

Taser

10. Last Name: 11. First: 12. Race: 13. Sex: M

14. DOB: 07/20/1982 15. Height: 6'00" 16. Weight: 175

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

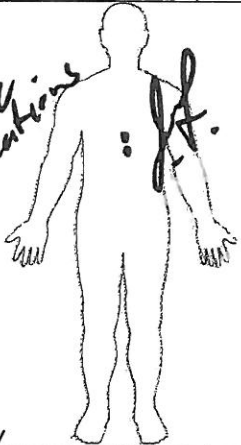
18. Appeared to be: ☐ Intoxicated ☒ Under the influence of controlled substance ☒ Emotionally / mentally disturbed

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

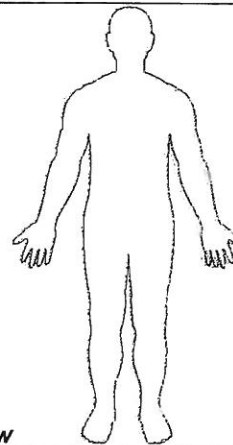
20. Photographed: ☐ No ☒ Yes 21. Treated: ☐ No ☒ Yes By: ☐ EMT/Paramedic on scene ☒ Hospital ☐ Detention

SUBJECT

22. Anterior View



Posterior View



OFFICER

23. Officer: Michael Chaustit 24. Race: W 25. Sex: M 26. Age: 37 27. Height: 6'00" 28. Weight: 275

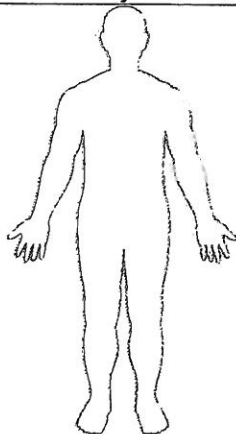
29. Duty Status: ☒ On-duty ☐ Off-duty ☐ Extra duty employment ☒ Uniformed ☐ Plain clothes 30. Yrs Exp: 9

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

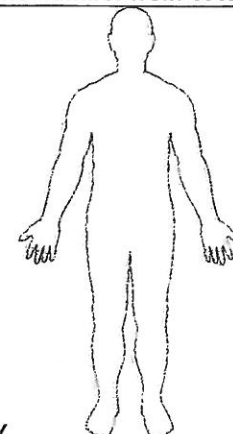
32. Photographed: ☒ No ☐ Yes 33. Treated: ☒ No ☐ Yes By: ☐ EMT/Paramedic on scene ☐ Hospital

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

35. Anterior View



Posterior View



*injuries were not sustained from this event JA

Response to Resistance Report (continued)

Key West Police Department

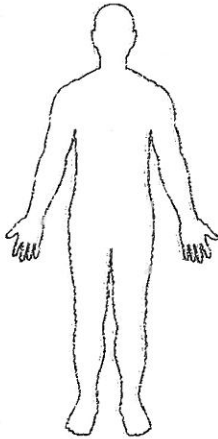
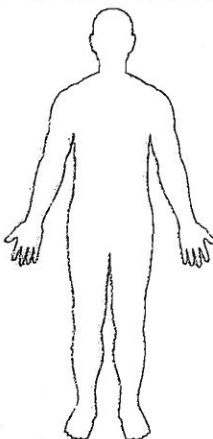
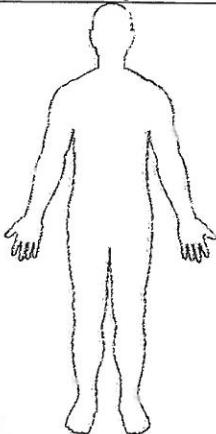
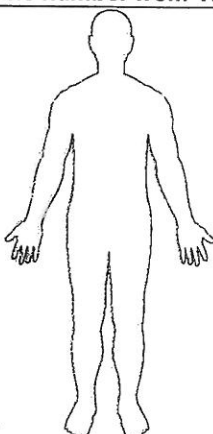
Case No: 15-00300615-003006

TASER USE ONLY	36. TASER® device serial # X12002KM5		37. TASER® device serial # N/A	
	TASER®Cam serial # V21000VRD		TASER®Cam serial #	
	Cartridge 1 serial # C4102N7YE		Cartridge 1 serial #	
	Cartridge 2 serial #		Cartridge 2 serial #	
	Number of cycles: 3		Number of cycles:	
	Type of contact: <input checked="" type="checkbox"/> Probe <input checked="" type="checkbox"/> CODS <input type="checkbox"/> Drive Stun		Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun	
	Did probes penetrate skin: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Target distance at probe launch: 6-8 ft		Target distance at probe launch:	
	Distance between probes: 8"		Distance between probes:	
	Probes removed by (name): Ofc. M. Chaustit		Probes removed by (name):	
Device downloaded by: Sgt. Jeff Williamson		Device downloaded by:		
<input type="checkbox"/> 38. Check and list any additional TASER® devices, cartridges or details in the incident description section.				
REPORT	39. Offense/Incident Report and/or Warrant Affidavit must include:			
	<input checked="" type="checkbox"/> All necessary criminal elements. <input checked="" type="checkbox"/> All details of the arrest <input checked="" type="checkbox"/> Details articulating the subject's words, mannerisms and actions that justify the use of force. <input checked="" type="checkbox"/> Details outlining the response to resistance utilized by each officer. <input checked="" type="checkbox"/> Detailed description of injury complaints and/or observed injuries <input checked="" type="checkbox"/> Details outlining the decontamination, first aid or medical treatment provided to the officer and/or subject.			
SUPERVISOR'S INQUIRY	40. Notified Date: 6/28/2015		41. Time: 12:55	
	42. Did you respond to the scene: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)			
	43. Did you meet with the Officer: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)			
	44. 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
	Elizabeth H. Love	719 Olivia St. Key West, FL 33040		(479) 200-4689
	45. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
	FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS			
INT. AFF.	48. 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 51)		46. Preparing Supervisor's Signature / ID	
			47. Date	
	51. If section 48 is "No" record the Professional Standards Control Number:		52. Date Entered:	

Response to Resistance Report (continued)

Key West Police Department

Case No: 15-00300615-003006

OFFICER	23. Officer:		24. Race:	25. Sex:	26. Age:	27. Height	28. Weight
	29. 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				30. Yrs Exp:
	31. 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 35)						
	32. Photographed:		33. Treated: <input type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital				
	34. Response option used by this officer: (If TASER®, also reference line number from TASER® section)						
							
	35. Anterior View			Posterior View			
OFFICER	23. Officer:		24. Race:	25. Sex:	26. Age:	27. Height	28. Weight
	29. Duty Status:		<input type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment <input type="checkbox"/> Uniformed <input type="checkbox"/> Plain				30. Yrs Exp:
	31. 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 35)						
	32. Photographed:		33. Treated: <input type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital				
	34. Response option used by this officer: (If TASER®, also reference line number from TASER® section)						
							
	35. Anterior View			Posterior View			

Key West Police Department

Report 06/28/2015 14:26

Incident Report

Case # 01-15-003006

I N C I D E N T	Case #	Report	Occurred From	Occurred To	Report Type
	01-15-003006	06/28/2015 14:26	06/28/2015 12:45	06/28/2015 13:21	Supplemental
	Dept. Classification		Case Status	Case Status Date	Cleared
	CAD BAKER ACT		OTHER	06/28/2015	
	Common Name				
	715 OLIVIA ST KEY WEST, FL 33040				
Day of Week : SUNDAY					
Dispatched : 06/28/2015 12:45					
Responded : 06/28/2015 12:45					
Arrived : 06/28/2015 12:50					
Location Type : HIGHWAY/ROADWAY					
Alcohol Related : No					
Drug Related : Yes					
Total Damaged Property Value : \$0.00					
Total Stolen Property Value : \$0.00					
Total Recovered Property Value : \$0.00					

P E R S O N 1	Person Type	Business/Person Name			Business Phone
	WITNESS	ELIZABETH HUTCHINSON LOVE			
	Home Phone	Person Address			
	(479) 200-4689	719 OLIVIA ST KEY WEST FL 33040 ,MONROE County			
	Other Phone	Employer Address			
	Race	Sex	SSN	DL Exp. Date	DL Number
	WHITE	Female			L100-228-79-920-0
Birth Date	Birth Place				
11/20/1979	UNITED STATES				
Age : 35					Ethnic Origin : NON-HISPANIC
Occupation : UNKNOWN					Min. Height : 5'03"
DL State : FL					Adult/Juvenile : ADULT
DL Country : UNITED STATES					Body Marks:
End of Person: 1					

P R O P E R T Y 1	Category	Property Type	Make	Model
	EVIDENCE/SEIZED	MISCELLANEOUS	Taser cartridge	
	Serial #	Color	Description	Condition
	C4102N7YE	BLACK	Taser cartridge	Used
UCR Type : MISCELLANEOUS		Value : \$1.00		
Quantity/Weight : 1		Recovery Location : Use Address from Incident Location Information		
End of Property: 1				

P R O P E R T Y 2	Category	Property Type	Make	Model
	EVIDENCE/SEIZED	DIGITAL DISK		
	Serial #	Color	Description	Condition
	15-3006		Dvd with Taser video	New
UCR Type : MISCELLANEOUS		Recovered By : OFC. M. CHAUSTIT		
Quantity/Weight : 1		Recovery Date and Time : 06/28/2015 15:35		
Value : \$1.00		Recovery Value : \$1.00		
Recovery Location : 1604 N ROOSEVELT BV KEY WEST FL 33040				
End of Property: 2				

Reporting Officer	Department	Report Status:
OFC MICHAEL J CHAUSTIT (3141)	KEY WEST POLICE DEPARTMENT	Approved
Supervising Officer		Date/Time
Verifying Officer	Department	Date / Time
SGT JEFFERY SCOTT WILLIAMSON (1557)	KEY WEST POLICE DEPARTMENT	06/28/2015 17:08

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Key West Police Department

Report 06/28/2015 14:26

Incident Report

Case # 01-15-003006

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Topic SUPPLEMENTAL

On June 27, 2015, I responded to the area around 726 Passover Lane, in reference to a person kicking a parked car. Ofc. Wanciak contacted KWPD communications channel one and advised the car had extensive damage.

Ofc. Young and I were searching the area near Bill Butler Park. Ofc. Young saw the suspect walking towards Olivia Street. I caught up to the suspect, later identified [REDACTED], in front of 715 Olivia Street. I announced "Police Stop" twice. I turned my Taser on and again said stop. [REDACTED] turned around and said, "What are you going to do shoot me?" I told [REDACTED] to stop once again. [REDACTED] responded taking an aggressive stance and said, "I'll fucking kill you." [REDACTED] had started to advance toward me and said, "I'll fucking kill you" again. I aimed my Taser at [REDACTED] chest and fired when he was approximately 5 to 6 feet away from me. The two probes struck [REDACTED] in the chest approximately 8 to 10 inches apart and the Taser cycled for 5 seconds. The Taser was effective, causing neuromuscular incapacitation and [REDACTED] fell to the ground. After the 5 second Taser cycle, I gave [REDACTED] several loud verbal commands to place his hands behind his back. [REDACTED] did not respond to my loud verbal commands. Ofc. Young and I attempted to handcuff [REDACTED], however, he yelled "Fuck You" and lunged toward me from a supine position. I activated my Taser a second time and delivered a second 5 second cycle. [REDACTED] fell to the ground a second time. I told [REDACTED] to place his hands behind his back or he would be Tased again. I contacted KWPD communications channel one and requested KWFD Rescue respond to evaluate [REDACTED] did not comply nor did he try to actively resist our efforts to take him into custody. Ofc. Young and I were able to handcuff [REDACTED]. Ofc. Young and I sat him up. I contacted Ofc. Wanciak and requested she conduct a show up with the witness for positive identification of the suspect. Ofc. Wanciak arrived with the witness and the witness positively identified [REDACTED] as the person that was damaging the vehicle on Passover Lane.

Shortly after Ofc. Wanciak passed by with the witness [REDACTED] abruptly stood up. I activated my Taser a third time and delivered a third 5 second cycle, however, one of the wires that connects to the probes had broken. I pressed my Taser onto [REDACTED] lower back area to complete the circuit for neuromuscular incapacitation. [REDACTED] fell to the ground again.

KWFD Rescue 2 arrived to evaluate [REDACTED] condition. I advised rescue 2 that [REDACTED] had received three 5 second cycles from the Taser. When Rescue 2 asked [REDACTED] about his medical history he stated he was schizophrenic. Rescue 2 evaluated [REDACTED] and cleared the scene.

Ofc. Young and I explained to [REDACTED] why we were stopping him and he stated that the car he was kicking was his own. Ofc. Wanciak was able to verify that the car did indeed belong to [REDACTED]. Due to his aggressive behavior and actions that were out of the ordinary [REDACTED] was taken into custody for involuntary evaluation. Ofc. Young and I walked [REDACTED] over to my marked patrol car prior to placing him in the rear seat I asked [REDACTED] if he was injured anywhere that rescue may have missed. He said he was not. I placed [REDACTED] into the rear of my marked patrol car and transported him to Lower Keys Medical Center.

While en-route to Lower Keys Medical Center, [REDACTED] stated that people were following him, people that were of higher authority than the police [REDACTED] said that "We" knew what he was talking about. Once we arrived at Lower Keys Medical Center [REDACTED] became fixated on the shooting that occurred at Virginia Tech. [REDACTED] looked at the nurse and said, "You think it's funny? Its not funny when it's

Reporting Officer OFC MICHAEL J CHAUSTIT (3141)	Department KEY WEST POLICE DEPARTMENT	Report Status: Approved
Supervising Officer		Date/Time
Verifying Officer SGT JEFFERY SCOTT WILLIAMSON (1557)	Department KEY WEST POLICE DEPARTMENT	Date / Time 06/28/2015 17:08

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Key West Police Department

Report 06/28/2015 14:26

Incident Report

Case # 01-15-003006

<p>your kids. I calmed him self and was communicating with the ER staff. The ER staff asked why he came to Key West. said told them he was looking for something. When asked if he found what he was looking for' did not answer, then stated, "It won't be funny when a guy shoot the kids here". It was belief that was insinuating that he had planned to shoot the children in our community or he was planning to do so.</p> <p>I photographer chest to document the injuries from the Taser probes. Additionally I photographed legs which had a burn on his calf and several small abrasions that were partially healed.</p> <p>I completed the Baker Act form and left in the Custody of Lower Keys Medical Center for further involuntary evaluation.</p> <p>I downloaded the photographs from this incident onto the COBAN system for safe keeping. The video captured by my Taser was downloaded onto a digital disk and placed into KWPD property and evidence.</p>	<p>End of Narrative: 1</p>
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Reporting Officer OFC MICHAEL J CHAUSTIT (3141)	Department KEY WEST POLICE DEPARTMENT	Report Status: Approved
Supervising Officer		Date/Time
Verifying Officer SGT JEFFERY SCOTT WILLIAMSON (1557)	Department KEY WEST POLICE DEPARTMENT	Date / Time 06/28/2015 17:08