

# Response to Resistance Report

Key West Police Department

Case No: 15-4813

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

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

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

INCIDENT	6. Resistance Level	7. Explanation	8. Response Option	9. Explanation
	<input type="checkbox"/> Passive:		<input checked="" type="checkbox"/> Physical Control	Assisted subject to the ground
	<input checked="" type="checkbox"/> Active:	subject refused to be handcuffed	<input checked="" type="checkbox"/> Non-lethal Weapon	Used taser to gain compliance
	<input type="checkbox"/> Aggressive:		<input type="checkbox"/> Deadly Force	
	<input type="checkbox"/> Deadly Force:			

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

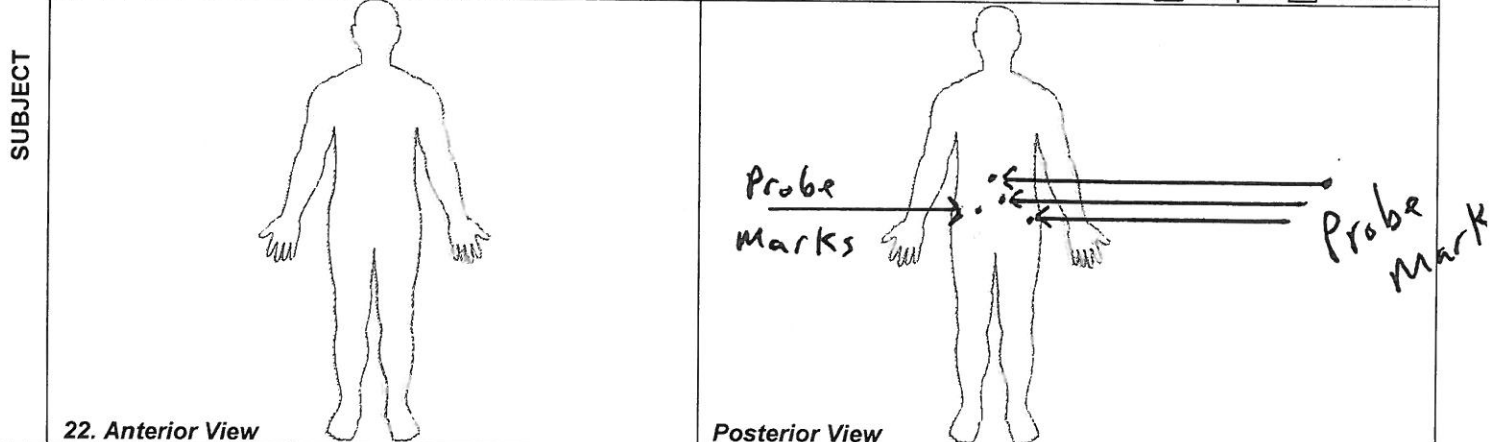
14. DOB: 10/23/87 15. Height: 5'08" 16. Weight: 170

17. Did you observe the subject: ☐ No ☒ 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



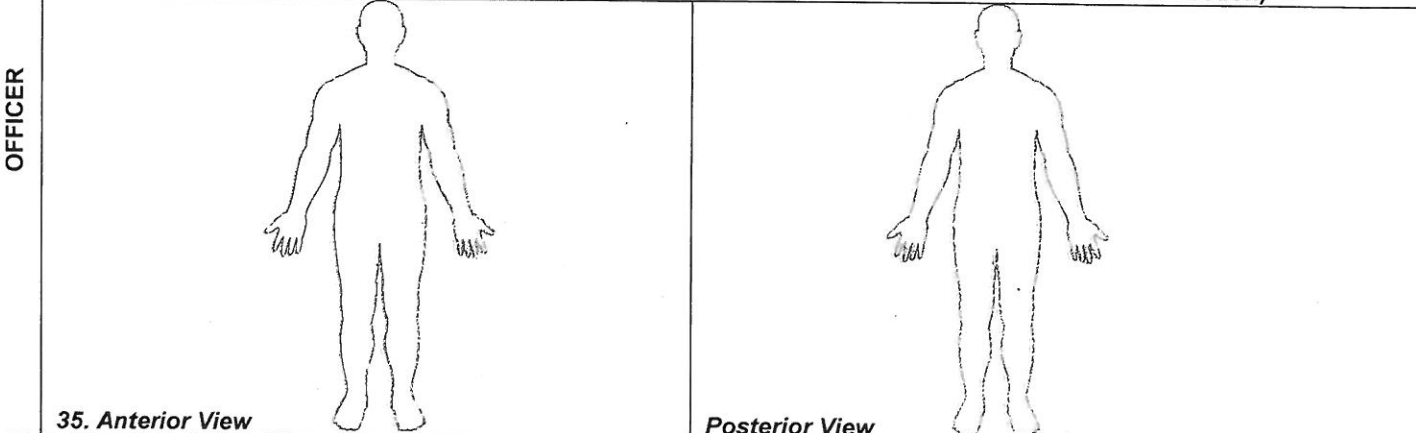
23. Officer: Michael Malgrat 24. Race: W 25. Sex: M 26. Age: 35 27. Height: 6'04" 28. Weight: 350

29. Duty Status: ☒ On-duty ☐ Off-duty ☐ Extra duty employment ☒ Uniformed ☐ Plain clothes 30. Yrs Exp: 11

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)



**Response to Resistance Report (continued)**

Key West Police Department

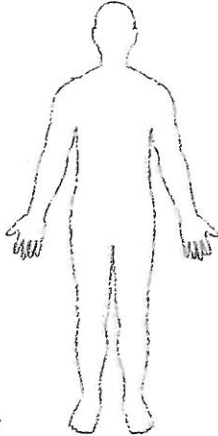
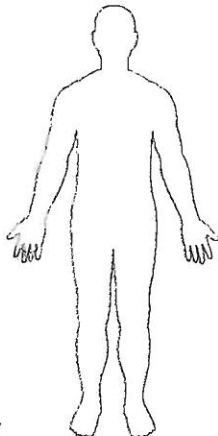
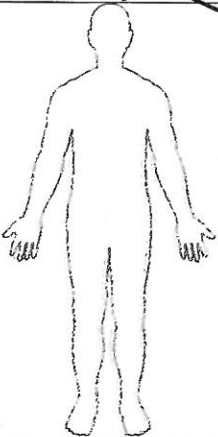
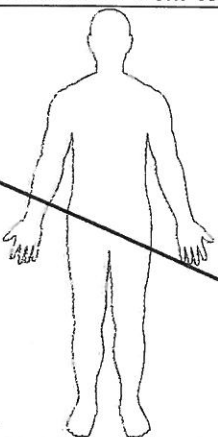
Case No: 15-4813

TASER USE ONLY	<b>36. TASER® device serial #</b> X12002KT4	<b>37. TASER® device serial #</b> X12002KM5
	TASER®Cam serial # V21000VMV	TASER®Cam serial # V21000VRD
	Cartridge 1 serial # C4102N6DM	Cartridge 1 serial # H091500442
	Cartridge 2 serial #	Cartridge 2 serial #
	Number of cycles: 2	Number of cycles: 1
	Type of contact: <input checked="" type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun	Type of contact: <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Target distance at probe launch: 4 feet	Target distance at probe launch: 4 feet
	Distance between probes: 12 to 16 inches apart	Distance between probes: 12 to 16 inches apart
	Probes removed by (name): Ofc. M. Chaustit	Probes removed by (name): Ofc. M. Chaustit
Device downloaded by: Sgt. H. Wood	Device downloaded by: Sgt. H. Wood	
<input type="checkbox"/> <b>38. Check and list any additional TASER® devices, cartridges or details in the incident description section.</b>		
REPORT	<b>39. Offense/Incident Report and/or Warrant Affidavit must include:</b> <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	<b>40. Notified Date:</b> 10/26/15	<b>41. Time:</b> 11:48am
	<b>42. Did you respond to the scene:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)	
	<b>43. Did you meet with the Officer:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)	
INT. AFF.	<b>44. Were you able to locate any independent witnesses:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," list below)	
	Name	Address
INT. AFF.	<b>45. Is further review recommended:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS	
	<b>46. Preparing Supervisor's Signature / ID</b> <i>Sgt. H. Wood 2091</i> <b>47. Date</b> 10/26/15	
	<b>48. Did the review of this incident conclude that use of force was in compliance with Departmental policy?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", complete section 51) <b>49. Signature of Internal Affairs Inspector</b> <i>SGT. R. Smith / Ref #2035</i> <b>50. Date</b> 11/10/15	
	<b>51. If section 48 is "No" record the Professional Standards Control Number:</b> <b>52. Date Entered:</b>	

# Response to Resistance Report (continued)

Key West Police Department

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

OFFICER	23. Officer: Michael Chaustit      24. Race: W      25. Sex: M      26. Age: 37      27. Height 6'00"      28. Weight 280					
	29. Duty Status: <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: 8
	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 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		
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 10/26/2015 12:10

## Incident Report

Case # 01-15-004813

I N C I D E N T	Case #	Report	Occurred From	Occurred To	Report Type
	01-15-004813	10/26/2015 12:10	10/26/2015 11:48	10/26/2015 11:48	Original
	Dept. Classification		Case Status	Case Status Date	Cleared
	OBSTRUCT/RESIST OFFENSE		CLEARED BY ARREST	10/26/2015	10/26/2015 11:50
	Common Name				
	FL DEPARTMENT OF CORRECTIONS - 1111 12TH ST Apt. 401 KEYWEST, FL 33040 (MONROE County)				
Day of Week : MONDAY			Beat Assignment : 5		
Dispatched : 10/26/2015 11:50			Alcohol Related : No		
Responded : 10/26/2015 11:50			Drug Related : No		
Arrived : 10/26/2015 11:50			Total Damaged Property Value : \$0.00		
Map Reference : 3321XX2AN			Total Stolen Property Value : \$0.00		
Location Type : COMMERCIAL/OFFICE BUILDING			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	
	Federal Classification : RESIST OFFICER OBSTRUCT WO VIOLENCE-843.02		DEREK SHINE (SUSP,Primary Role,User Defined); STATE OF FLORIDA (VICT,Primary Role,User Defined)	
	End of Offense: 1			

P E R S O N  1	Person Type	Business/Person Name		Business Phone	
	SUSPECT/ARRESTEE	DEREK SHINE			
	Home Phone	Person Address 24 9TH AV KEY WEST FL 33040 ,MONROE County			
	Other Phone	Employer Address			
	Race BLACK	Sex Male	SSN	DL Exp. Date	DL Number
	Birth Date 10/23/1987	Birth Place KEY WEST, FL, UNITED STATES			
	Age : 28		Min. Weight : 160 lbs		
	Occupation : MECHANIC		Max. Weight : 175 lbs		
Ethnic Origin : NON-HISPANIC		Adult/Juvenile : ADULT			
Min. Height : 5'07"		Body Marks:			
Max. Height : 5'08"					
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			
	Victim Type : GOVERNMENT		Sobriety of Victim : SOBER		
	Will File Charges : Yes		Body Marks:		
Can Identify Offender : Yes					
End of Person: 2					

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

# Key West Police Department

Report 10/26/2015 12:10

## Incident Report

Case # 01-15-004813

<b>N A R R A T I V E</b>  <b>1</b>	Topic	ORIGINAL
	<p>On October 26, 2015, I responded to the probation and parole office located at 1111 12th street Suite 401, to assist with a transport.</p>	
	<p>I arrived and met with Officer Castro who advised Derek Shine had an active arrest warrant for violation of probation. Ofc. Malgrat and I made contact with Mr. Shine and he was told he had a warrant for his arrest. I instructed Mr. Shine to place his hands behind his back. Mr. Shine placed his hands behind his back, however, he kept moving to my left. I told Mr. Shine to stop moving. He then pushed me and moved toward the door. I grabbed onto Mr. Shine to prevent him from running. Mr. Shine kept pushing me around my waist. I assisted Mr. Shine out of the probation office and onto the floor in the hall way. Ofc. Malgrat gave Mr. Shine loud verbal commands to stop. Mr. Shine planted his feet on the ground and tried to run away from us. Ofc. Malgrat and I both fired our Tasers. Both Taser's activated and Mr. Shine received a five second cycle. Ofc. Malgrat and I gave Mr. Shine several loud verbal commands to roll over and place his hands behind his back. Mr. Shine rolled and tried to run again. Ofc. Malgrat and I activated our Taser's again and Mr. Shine received a second five second cycle. Ofc. Malgrat and I gave Mr. Shine loud verbal commands to roll over and place his hands behind his back. Mr. Shine complied and I was able to handcuff Mr. Shine. I asked Mr. Shine if he had any pain other than where the Taser probes struck him. Mr. Shine said, " No and he was fine."</p>	
	<p>KWFD responded to the scene to evaluate Mr. Shine. KWFD transported Mr. Shine to Lower Keys Medical center for further evaluation and treatment. Lower Keys Medical Center medically cleared Mr. Shine and he was transported to MCDC for processing without incident.</p>	
End of Narrative: 1		

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

# Key West Police Department

Report 10/26/2015 16:53

## Incident Report

Case # 01-15-004813

I N C I D E N T	Case #	Report	Occurred From	Occurred To	Report Type
	01-15-004813	10/26/2015 16:53			Supplemental
	Dept. Classification		Case Status	Case Status Date	Cleared
	OBSTRUCT/RESIST OFFENSE		CLEARED BY ARREST	10/27/2015	
	Common Name				
	FL DEPARTMENT OF CORRECTIONS - 1111 12TH ST Apt. .401 KEYWEST, FL 33040 (MONROE County)				
	Map Reference : 3321XX2AN		Drug Related : No		
	Location Type : COMMERCIAL/OFFICE BUILDING		Total Damaged Property Value : \$0.00		
	Beat Assignment : 5		Total Stolen Property Value : \$0.00		
	Alcohol Related : No		Total Recovered Property Value : \$0.00		

P R O P E R T Y  1	Category	Property Type	Make	Model
	EVIDENCE/SEIZED	TASER CARTRIDGE		
	Serial #	Color	Description	Condition
	H091500442			
	UCR Type : MISCELLANEOUS		Recovered By : M. Malgrat	
	Quantity/Weight : 1	Recovery Date and Time : 10/26/2015 11:58		
	Value : \$0,000,001.00	Recovery Value : \$0,000,001.00		
	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	TASER CARTRIDGE		
	Serial #	Color	Description	Condition
	C4102N6DM			
	UCR Type : MISCELLANEOUS		Recovered By : M. Malgrat	
	Quantity/Weight : 1	Recovery Date and Time : 10/26/2015 11:58		
	Value : \$0,000,001.00	Recovery Value : \$0,000,001.00		
	Recovery Location : Use Address from Incident Location			
	Information			
End of Property: 2				

P R O P E R T Y  3	Category	Property Type	Make	Model
	EVIDENCE/SEIZED	DIGITAL DISK		
	Serial #	Color	Description	Condition
			CD W/Taser Video	
	UCR Type : MISCELLANEOUS		Recovered By : M. Chaustit	
	Quantity/Weight : 1	Recovery Date and Time : 10/27/2015 10:49		
	Value : \$0,000,001.00	Recovery Value : \$0,000,001.00		
	Recovery Location : Use Address from Incident Location			
	Information			
End of Property: 3				

N A R R A T I V E  1	Topic	SUPPLEMENTAL
	<p>On 10/26/2015 1150 hours, Ofc Chaustit and I (Ofc M Malgrat) responded to the Probation/Parole office at 1111 12th Street in reference to a subject with an active warrant. Upon arrival, we made contact with Probation Officer Castro who told us she held an active warrant for Derek Shine. We made contact with Shine and advised him he had an active warrant. Ofc Chaustit told Shine to put his hands behind his back. Shine complied, but began to turn towards Ofc Chaustit. Shine pushed in to Ofc Chaustit and attempted to flee the office. Ofc Chaustit was able to get Shine to the ground. I gave Shine loud commands to stay on the ground and put his hands behind his back. Shine got up and planted his feet and attempted to run. I deployed by Taser at Shine's back and it achieved it's desired</p>	

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

# Key West Police Department

Report 10/26/2015 16:53

## Incident Report

Case # 01-15-004813

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

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

KWPD

## Monroe County Adult Arrest Form

☐ ARREST  
☐ WARRANT  
☐ COMPLAINT AFFIDAVIT

ARREST #

OBTS #

Filing Agency KWPD		Case # 0115004813		Doc. Control #		State ID #		FBI #		SS #		
Defendant's Last Name SHINE		First DEREK		Middle		Suf		Alias		Citizenship		
Race B	Eth NH	Sex M	Hgt 5'07"	Eyes BROWN	Hair BLACK	Wgt 160	Comp DARK	Age 28	DOB 10/23/1987	Birthplace KEY WEST, FL	Scars, Marks, TT	
Facial Hair MTBRD		Build MED	Marital St	Hand Use		Glasses	Speech NORMAL		Parole/Probation		Language Spoken	
Permanent Address 24 9TH AV KEY WEST, FL 33040-						Home Phone:		Local Address:				
Email Address						Cell Phone:		Place of Employment		Occupation MECHANIC		
Arrest Location 1111 12TH ST Apt# 401 KEY WEST, FL 33040-						Area/ Zone 5		Work Phone:		Arresting Officer MICHAEL 3141		
Violation Location 1111 12TH ST Apt# 401 KEY WEST, FL 33040-						Area/ Zone 5		Date/Time of Violation 10/26/2015 11:50		Date/Time Arrested 10/26/2015 11:50		
DL #		State	Breathalyzer By		Reading	Miranda Advisement		By Whom		Indication Of: Y N UK		
Domestic Violence		Weapon Seized		Officer Injured		Caution		Alcohol Influence: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Drug Influence: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Drug Type:		Type:	B-Barbiturate	H-Hallucinogen	P-Paraphernalia/	U-Unknown	Activity:		Activity:	B-Buy	E-Use	K-Dispense/
		N-N/A	C-Cocaine	M-Marijuana	Equipment	Z-Other			N-N/A	T-Traffic	M-Manufacture/	Distribute
		A-Amphetamine	E-Heroin	O-Opium	S-Synthetic				P-Possess	A-Smuggle	Produce/	Z-Other
									S-Sell	D-Deliver	Cultivate	

Defendant Vehicle Make:	Type:	Year:	Color:	Vehicle Registration State:
VIN#:	Tag #:		Vehicle Tag Expiration:	
Vehicle Status:	Other Identifiers or Remarks:			

#	CODEFENDANT	ADDRESS	PHONE #	RACE	SEX	DOB
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Count	Offenses Charged	Statute	Warrant #	Court Date and Time	Citation #
1/M	RESIST OFFICER OBSTRUCT WO VIOLENCE-843.02	SIST OFFICER OBS			

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

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

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

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

MICHAEL 3141

WOODROW JR. WOOD

KEY WEST POLICE DEPARTMENT

OFFICER/ELECTRONIC SIGNATURE

APPROVING SUPERVISOR

DIVISION / UNIT

STATE OF FLORIDACOUNTY OF MONROE

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, (year) \_\_\_\_\_, who is personally

known to me or who has produced (ID Type) Police as identification and who DID take an oath.

LAW ENFORCEMENT OFFICER / CORRECTIONS OFFICER PER STATE STATUTE # \_\_\_\_\_

SIXTEENTH JUDICIAL COURT

MONROE County

State of FLORIDA

Page 1 of 2

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

KWPD

## Monroe County Adult Arrest Form Continuation

OBTS # \_\_\_\_\_

## ARREST #

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

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

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

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

MICHAEL 3141

WOODROW JR. WOOD

KEY WEST POLICE DEPARTMENT

OFFICER/ELECTRONIC SIGNATURE

APPROVING SUPERVISOR

DIVISION / UNIT

STATE OF FLORIDACOUNTY OF MONROE

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, (year)\_\_\_\_\_, who is personally

known to me or who has produced (ID Type) Police as identification and who DID take an oath.

LAW ENFORCEMENT OFFICER / CORRECTIONS OFFICER PER STATE STATUTE #

SIXTEENTH JUDICIAL COURT

MONROE County

State of FLORIDA

Page 2 of 2

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