

Response to Resistance Report

Key West Police Department

Case No: 15-005319

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

(Check all that apply)

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

INCIDENT

2. Date: 11/28/2015

3. Time: 16:48

4. Location: 1013 Watson St

5. Incident type: Baker's Act

6. Resistance Level

7. Explanation

8. Response Option

9. Explanation

☐ Passive:

☒ Physical Control

Takedown

☒ Active:

Tensing/pulling away

☒ Non-lethal Weapon

Drive Stun

☒ Aggressive:

Kicking officers

☐ Deadly Force

☐ Deadly Force:

SUBJECT

10. Last Name: Suss

11. First: Michele

12. Race: W

13. Sex: F

14. DOB: 10/20/1959

15. Height: 5'5"

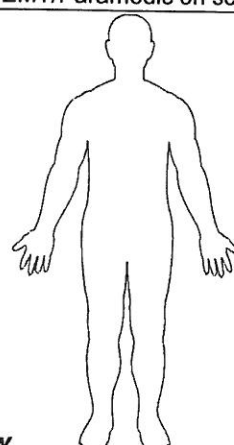
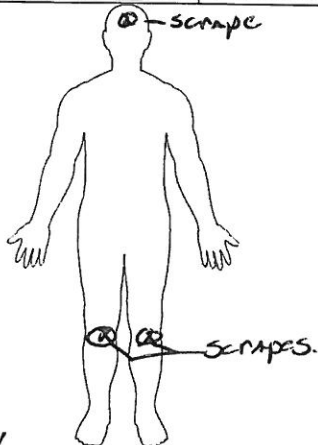
16. Weight: 150

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



OFFICER

23. Officer: Michael Malgrat

24. Race: W

25. Sex: M

26. Age: 36

27. Height: 6'4"

28. Weight: 360

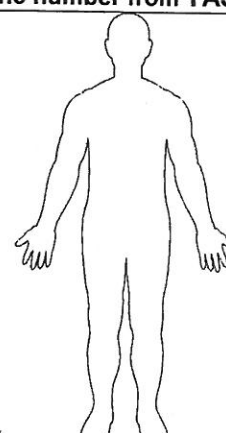
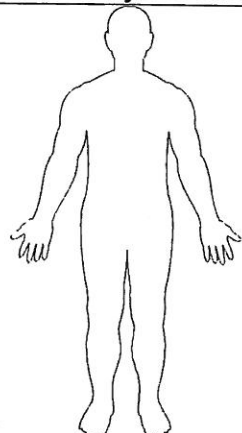
29. Duty Status: ☒ On-duty ☐ Off-duty ☐ Extra duty employment ☒ Uniformed ☐ Plain clothes

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)

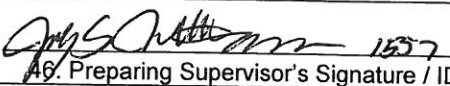



Response to Resistance Report (continued)

Key West Police Department

Case No: _____

15--005319

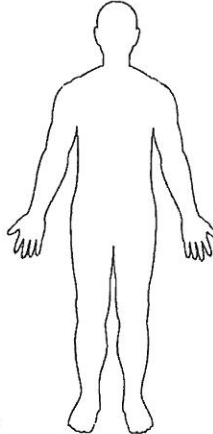
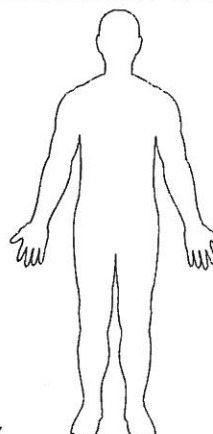
TASER USE ONLY	36. TASER® device serial # X12002KT4	37. TASER® device serial # N/A	
	TASER®Cam serial # V21000VMV	TASER®Cam serial #	
	Cartridge 1 serial # N/A	Cartridge 1 serial #	
	Cartridge 2 serial # N/A	Cartridge 2 serial #	
	Number of cycles: 2	Number of cycles:	
	Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input checked="" type="checkbox"/> Drive Stun	Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun	
	Did probes penetrate skin: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Target distance at probe launch: N/A	Target distance at probe launch:	
	Distance between probes: N/A	Distance between probes:	
	Probes removed by (name): N/A	Probes removed by (name):	
Device downloaded by: Sgt 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: 11/28/2015 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)		
	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  1537		47. Date 11/28/2015
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  2935	
51. If section 48 is "No" record the Professional Standards Control Number:		50. Date 12/1/15	
52. Date Entered:			

Response to Resistance Report (continued)

Key West Police Department

Case No: _____

15-005319

OFFICER	23. Officer: Tiffany Mitchell		24. Race: W	25. Sex: F	26. Age: 31	27. Height: 5'2"	28. Weight: 135
	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: 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)							
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35. Anterior View							
Posterior View							

Key West Police Department

Report 11/28/2015 17:08

Incident Report

Case # 01-15-005319

I N C I D E N T	Case #	Report	Occurred From	Occurred To	Report Type
	01-15-005319	11/28/2015 17:08	11/28/2015 16:00	11/28/2015 16:38	Original
	Dept. Classification		Case Status	Case Status Date	Cleared
	CAD BAKER ACT		OTHER	11/28/2015	11/28/2015 16:35
	Common Name 1013 WATSON ST KEYWEST, FL 33040 (MONROE County)				
Day of Week : SATURDAY Dispatched : 11/28/2015 16:35 Responded : 11/28/2015 16:35 Arrived : 11/28/2015 16:38 Map Reference : 1193XX5XO Location Type : RESIDENCE-SINGLE FAMILY					
Beat Assignment : 4 Alcohol Related : Unknown Drug Related : Unknown 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
	OTHER PERSON	MICHELE J SUSS			
	Home Phone	Person Address			
		Use Address from Incident Location Information			
	Other Phone	Employer Address			
	Race	Sex	DL Exp. Date	DL Number	
	WHITE	Female	10/20/2019	S200-550-59-880-0	
	Birth Date	Birth Place			
	10/20/1959	MA, UNITED STATES			
Age : 56 Occupation : UNKNOWN DL State : FL DL Country : UNITED STATES Ethnic Origin : NON-HISPANIC Min. Height : 5'05" Min. Weight : 150 lbs Adult/Juvenile : ADULT Relationship : BOYFRIEND/GIRLFRIEND OF ROBERT AXE, FRIEND OF PAMELA O'BRIEN, FRIEND OF KEVIN O'BRIEN Coat : NONE Hat : NONE Shirt : GRY SWEATER Pants : JEAN SHORTS					
Shoes : SNEAKERS Hair Color : BLOND Hair Length : MEDIUM Hair Style : PONY TAIL Eye Color : BROWN Build : MEDIUM/AVERAGE Complexion : MEDIUM Speech : NORMAL Residency Type : CITY 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
	OTHER PERSON	ROBERT THOMAS AXE			
	Home Phone	Person Address			
	(305) 923-1381	1617 BERTHA ST Apt. 3 KEY WEST FL 33040 ,MONROE County			
	Other Phone	Employer Address			
	Race	Sex	SSN	DL Exp. Date	DL Number
	WHITE	Male		04/05/2020	A200-778-61-125-0
	Birth Date	Birth Place			
	04/05/1961	PA, UNITED STATES			
Age : 54 Occupation : UNKNOWN DL State : FL DL Country : UNITED STATES Ethnic Origin : NON-HISPANIC Min. Height : 5'10" Min. Weight : 170 lbs Adult/Juvenile : ADULT Relationship : BOYFRIEND/GIRLFRIEND OF MICHELE SUSS,					
Hair Length : BALD Eye Color : BLUE Build : MEDIUM/AVERAGE Complexion : MEDIUM Speech : NORMAL Residency Type : CITY Residency Status : FULL YEAR Citizenship : UNITED STATES Body Marks:					

Reporting Officer	Department	Report Status:
TIFFANY MITCHELL (3385)	KEY WEST POLICE DEPARTMENT	Approved
Supervising Officer		Date/Time
Verifying Officer	Department	Date / Time
SGT JEFFERY SCOTT WILLIAMSON (1557)	KEY WEST POLICE DEPARTMENT	11/29/2015 10:02

Key West Police Department

Report 11/28/2015 17:08

Incident Report

Case # 01-15-005319

FRIEND OF PAMELA O'BRIEN, FRIEND OF KEVIN O'BRIEN Hair Color : BALD																																											
End of Person: 2																																											
PERSON 3	<table border="1"> <tr> <th>Person Type</th> <th>Business/Person Name</th> <th>Business Phone</th> </tr> <tr> <td>OTHER PERSON</td> <td>PAMELA JEAN O'BRIEN</td> <td></td> </tr> <tr> <th>Home Phone</th> <th>Person Address</th> <td></td> </tr> <tr> <td></td> <td>Use Address from Incident Location Information</td> <td></td> </tr> <tr> <th>Other Phone</th> <th>Employer Address</th> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <th>Race</th> <th>Sex</th> <th>SSN</th> </tr> <tr> <td>WHITE</td> <td>Female</td> <td></td> </tr> <tr> <th>DL Exp. Date</th> <th>DL Number</th> <td></td> </tr> <tr> <td>09/26/2020</td> <td>O165-670-52-846-0</td> <td></td> </tr> <tr> <th>Birth Date</th> <th>Birth Place</th> <td></td> </tr> <tr> <td>09/26/1952</td> <td>NY, UNITED STATES</td> <td></td> </tr> <tr> <td colspan="3"> Age : 63 Occupation : UNKNOWN DL State : FL DL Country : UNITED STATES Ethnic Origin : NON-HISPANIC Min. Height : 5'05" Min. Weight : 140 lbs Adult/Juvenile : ADULT Relationship : FRIEND OF MICHELE SUSS, FRIEND OF ROBERT AXE, SPOUSE OF KEVIN O'BRIEN Hair Color : BLOND Hair Length : MEDIUM Hair Style : STYLED Eye Color : BROWN Build : MEDIUM/AVERAGE Complexion : MEDIUM Speech : NORMAL Residency Type : CITY Residency Status : FULL YEAR Citizenship : UNITED STATES Body Marks: </td> </tr> <tr> <td colspan="3">End of Person: 3</td> </tr> </table>	Person Type	Business/Person Name	Business Phone	OTHER PERSON	PAMELA JEAN O'BRIEN		Home Phone	Person Address			Use Address from Incident Location Information		Other Phone	Employer Address					Race	Sex	SSN	WHITE	Female		DL Exp. Date	DL Number		09/26/2020	O165-670-52-846-0		Birth Date	Birth Place		09/26/1952	NY, UNITED STATES		Age : 63 Occupation : UNKNOWN DL State : FL DL Country : UNITED STATES Ethnic Origin : NON-HISPANIC Min. Height : 5'05" Min. Weight : 140 lbs Adult/Juvenile : ADULT Relationship : FRIEND OF MICHELE SUSS, FRIEND OF ROBERT AXE, SPOUSE OF KEVIN O'BRIEN Hair Color : BLOND Hair Length : MEDIUM Hair Style : STYLED Eye Color : BROWN Build : MEDIUM/AVERAGE Complexion : MEDIUM Speech : NORMAL Residency Type : CITY Residency Status : FULL YEAR Citizenship : UNITED STATES Body Marks:			End of Person: 3		
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PERSON 4	<table border="1"> <tr> <th>Person Type</th> <th>Business/Person Name</th> <th>Business Phone</th> </tr> <tr> <td>OTHER PERSON</td> <td>KEVIN J O'BRIEN</td> <td></td> </tr> <tr> <th>Home Phone</th> <th>Person Address</th> <td></td> </tr> <tr> <td>(305) 851-1497</td> <td>Use Address from Incident Location Information</td> <td></td> </tr> <tr> <th>Other Phone</th> <th>Employer Address</th> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <th>Race</th> <th>Sex</th> <th>SSN</th> </tr> <tr> <td>WHITE</td> <td>Male</td> <td></td> </tr> <tr> <th>DL Exp. Date</th> <th>DL Number</th> <td></td> </tr> <tr> <td>10/14/2019</td> <td>O165-510-57-374-0</td> <td></td> </tr> <tr> <th>Birth Date</th> <th>Birth Place</th> <td></td> </tr> <tr> <td>10/14/1957</td> <td>NY, UNITED STATES</td> <td></td> </tr> <tr> <td colspan="3"> Age : 58 Occupation : UNKNOWN DL State : FL DL Country : UNITED STATES Ethnic Origin : NON-HISPANIC Min. Height : 6'00" Min. Weight : 200 lbs Adult/Juvenile : ADULT Relationship : FRIEND OF MICHELE SUSS, FRIEND OF ROBERT AXE, SPOUSE OF PAMELA O'BRIEN Hair Color : BROWN Hair Length : MEDIUM Hair Style : WAVEY/CURLY Eye Color : BROWN Build : MEDIUM/AVERAGE Complexion : MEDIUM Speech : NORMAL Residency Type : CITY Residency Status : FULL YEAR Citizenship : UNITED STATES Body Marks: </td> </tr> <tr> <td colspan="3">End of Person: 4</td> </tr> </table>	Person Type	Business/Person Name	Business Phone	OTHER PERSON	KEVIN J O'BRIEN		Home Phone	Person Address		(305) 851-1497	Use Address from Incident Location Information		Other Phone	Employer Address					Race	Sex	SSN	WHITE	Male		DL Exp. Date	DL Number		10/14/2019	O165-510-57-374-0		Birth Date	Birth Place		10/14/1957	NY, UNITED STATES		Age : 58 Occupation : UNKNOWN DL State : FL DL Country : UNITED STATES Ethnic Origin : NON-HISPANIC Min. Height : 6'00" Min. Weight : 200 lbs Adult/Juvenile : ADULT Relationship : FRIEND OF MICHELE SUSS, FRIEND OF ROBERT AXE, SPOUSE OF PAMELA O'BRIEN Hair Color : BROWN Hair Length : MEDIUM Hair Style : WAVEY/CURLY Eye Color : BROWN Build : MEDIUM/AVERAGE Complexion : MEDIUM Speech : NORMAL Residency Type : CITY Residency Status : FULL YEAR Citizenship : UNITED STATES Body Marks:			End of Person: 4		
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PROPERTY 1	Category	Property Type	Make	Model
	EVIDENCE/SEIZED	PHOTOGRAPHS		
	Serial #	Color	Description	Condition
			PHOTOS UPLOADED TO COBAN	
UCR Type : MISCELLANEOUS		Recovered By : OFC. T. MITCHELL		
Value : \$1.00		Recovery Date and Time : 11/28/2015 17:28		
Recovery Location : Use Address from Incident Location Information		Recovery Value : \$1.00		

Reporting Officer	Department	Report Status:
TIFFANY MITCHELL (3385)	KEY WEST POLICE DEPARTMENT	Approved
Supervising Officer		Date/Time
Verifying Officer	Department	Date / Time
SGT JEFFERY SCOTT WILLIAMSON (1557)	KEY WEST POLICE DEPARTMENT	11/29/2015 10:02

Key West Police Department

Report 11/28/2015 17:08

Incident Report

Case # 01-15-005319

End of Property: 1

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Topic ORIGINAL

On 11/28/2015, at about 1638 hours, Rescue 1, Ofc. M. Malgrat and I (Ofc. T. Mitchell) responded to 1013 Watson Street in reference to a female who had possibly taken too much medication and was incoherent.

As I approached the residence, a white male (Robert Thomas Axe, DOB 04/05/1961) flagged me down. Axe advised that his girlfriend (Michele J. Suss, DOB 10/20/1959) was inside the residence and had possibly taken too much medication. Axe stated that Suss had not been acting right the last few days and that he was worried about her. Axe stated that he did not think that Suss intentionally took too much medication. Axe provided me with an open prescription bottle of Clonazepam with four round yellow tablets inside. The prescription was filled on 10/23/2015.

I went inside the residence and made contact with Suss, who was sitting in the living room. I asked Suss if she was okay, and she replied that she was fine. I asked Suss if she had taken any medications, and if so, what kind and how much. Suss stated that she had not taken any medications. Suss had slurred, slow speech, and heavy droopy eye lids. Axe stated that he had not actually observed Suss taking any medication, and stated that she did not drink alcohol.

Rescue 1 tended to Suss, while I attempted to locate her medications. Suss's roommate (Pamela J. O'Brien, 10/20/1959) provided me with a large clear plastic bag filled with prescription bottles belonging to Suss. Pamela stated that Suss has been staying with her temporarily because she has no where else to go. Pamela stated that Suss received several new medications from her doctor (Dr. Covington) on Thursday (11/26/2015) and has not been acting like herself since. Pamela stated that Suss had been sleeping excessively and urinating on herself. Suss stated that while getting dressed, Suss was attempting to put on plastic garbage bags as pants.

I went back to Suss, who was now holding an open plastic bottle of water. Suss sat down on the couch and attempted to screw her black plastic hair clip on the bottle as if it was the cap. When asked what she was doing, Suss replied that she was closing the water bottle. When asked if she knew where she was, Suss replied that she was in Massachusetts.

Due to Suss' erratic behavior, and inability to answer basic questions, Rescue 1 determined that she needed to be medically evaluated at the hospital. Ofc. M. Malgrat and I attempted to explain to Suss that she needed to go to the hospital, however, she refused.

Suss left the living room and proceeded to go out to the front porch where Axe, Pamela, and Pamela's husband (Kevin J. O'Brien, DOB 10/14/1957) were sitting. Suss sat down in a chair, with her cigarette lighter in one hand and a cigarette in the other. Ofc. M. Malgrat and I again tried to explain to Suss that she needed to go to the hospital. Suss again refused and became agitated. Suss began yelling at us that she was not going anywhere. I told Suss that if she would not go to the hospital voluntarily, that we would have to force her to go.

Act. Suss continued to yell and curse at us, and refused to be transported to the hospital.

Reporting Officer TIFFANY MITCHELL (3385)	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 11/29/2015 10:02

Key West Police Department

Report 11/28/2015 17:08

Incident Report

Case # 01-15-005319

Ofc. M. Malgrat and I were left no other choice than to take Suss into protective custody. Ofc. M. Malgrat took hold of Suss' right arm and stood her up out of her chair. I took hold of her left arm and we escorted Suss off the front porch and towards the ambulance. Once Suss was off the front porch, she began to pull away from us. We instructed Suss to stop pulling away, however, she did not comply. Suss continued to pull away from us in an attempt to break our grasp. Ofc. M. Malgrat and I decided to take Suss to the ground in order to gain physical control over her. Ofc. M. Malgrat and I redirected Suss to the ground in a controlled manner. Once on the ground, Suss continued to twist and turn in an attempt to break our grasp. Suss kicked Ofc. M. Malgrat in the upper left thigh in an attempt to get away. Ofc. M. Malgrat and I continued to give Suss verbal commands to place her hands behind her back. Suss failed to comply with our commands. Ofc. M. Malgrat unholstered his Taser and delivered a drive stun to the small of Suss' back. I was able to secure Suss' left arm in handcuffs, however, she refused to remove her right arm from underneath her body. Ofc. M. Malgrat and I gave Suss several more verbal command to place her hand behind her back. Suss again failed to comply. Ofc. M. Malgrat delivered a second drive stun to the small of Suss' back. Suss complied at this time, and I was able to secure her right arm in handcuffs.

While on the ground, Suss continued to kick at Ofc. M. Malgrat and I. I rolled Suss onto her side and Ofc. M. Malgrat placed her feet in a hobble device to prevent her from further kicking us. Ofc. M. Malgrat and I assisted Suss to her feet and placed her on the stretcher. Once Suss was secured to the stretcher, the hobble device was removed.

Rescue 1 transported Suss to Lower Keys Medical Center (I rode with Suss in the ambulance).

Upon arrival at the hospital, I photographed Suss' injuries. Suss had an abrasion to the center and right side of her forehead and both knees. There were several red marks on the lower portion of Suss' back from the drive stun.

I

I photographed Ofc. M. Malgrat's left leg, where there was a shoe print from Suss kicking him.

I uploaded all photographs to Coban.

There is nothing further at this time.

End of Narrative: 1

Reporting Officer TIFFANY MITCHELL (3385)	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 11/29/2015 10:02

Key West Police Department

Report 11/28/2015 18:27

Incident Report

Case # 01-15-005319

I N C I D E N T	Case #	Report	Occurred From	Occurred To	Report Type
	01-15-005319	11/28/2015 18:27			Supplemental
	Dept. Classification		Case Status	Case Status Date	Cleared
	CAD MENTALLY DISTURBED PERSON		OTHER	11/28/2015	
	Common Name				
	1013 WATSON ST KEYWEST, FL 33040				
	Map Reference : 1193XX5XO		Drug Related : Unknown		
	Location Type : RESIDENCE-SINGLE FAMILY		Total Damaged Property Value : \$0.00		
	Beat Assignment : 4		Total Stolen Property Value : \$0.00		
	Alcohol Related : Unknown		Total Recovered Property Value : \$0.00		

N A R R A T I V E	Topic	SUPPLEMENTAL
	1	<p>On 11/28/2015 at approximately 1635 hours, I (Ofc M Malgrat) responded to 1013 Watson Street to assist Ofc T Mitchell in reference to a possible overdose. Upon arrival, Ofc Mitchell and I made contact with Michele Suss. Suss was alert, but not oriented. Suss believed she was currently in Massachusetts and appeared to be under the influence of some type of medication/drug. Suss was drinking from a bottle of water and attempted to "screw" a hair clip onto the water bottle. KWPD Rescue 1 was on scene and advised Suss needed to go to the hospital.</p> <p>Suss stated she was not going to the hospital. Ofc Mitchell told Suss that if she wasn't going to go to the hospital voluntarily that we would be forced to make her go.</p> <p>hospital. Suss continued to refuse to go to the hospital forcing Ofc Mitchell and I to take action.</p> <p>I took ahold of Suss's right arm and removed her from the seat that she was in. Ofc Mitchell took ahold of Suss's left arm and we escorted her off of the porch we were on. Suss began to pull away and flail about once we were off of the porch. Ofc Mitchell and I decided to take Suss to the ground in an attempt to gain control of her. Once on the ground, Suss continued to flail about and kicked me in the inner thigh. Suss kicked at Ofc Mitchell and I several more times (unclear if she made contact with us). Suss refused to put her hands behind her back and comply with our orders. I un holstered by Taser device and delivered a drive stun to the small of Suss's back. Ofc Mitchell was able to secure Suss in one handcuff, but Suss refused to remove her other hand from under her body. I delivered another drive stun cycle to the small of Suss's back. Suss then complied with our directions and Ofc Mitchell was able to secure Suss in handcuffs. I then placed a hobble device on Suss's legs so she would not be able to kick any further. Ofc Mitchell and I assisted Suss up and placed her on the stretcher. Suss was secured to the stretcher and I removed the hobble device.</p> <p>Suss</p> <p>was then turned over to the hospital staff for treatment.</p> <p>I uploaded my BWC into COBAN under this case number.</p>

End of Narrative: 1

Reporting Officer	Department	Report Status:
OFC MICHAEL MALGRAT (2809)	KEY WEST POLICE DEPARTMENT	Signed
Supervising Officer		Date/Time
Verifying Officer	Department	Date / Time

Key West Police Department

Report 11/29/2015 14:21

Incident Report

Case # 01-15-005319

I N C I D E N T	Case # 01-15-005319	Report 11/29/2015 14:21	Occurred From	Occurred To	Report Type Supplemental
	Dept. Classification CAD MENTALLY DISTURBED PERSON		Case Status OTHER	Case Status Date 11/29/2015	Cleared
	Common Name 1013 WATSON ST KEYWEST, FL 33040				
	Map Reference : 1193XX5XO Location Type : RESIDENCE-SINGLE FAMILY Beat Assignment : 4 Alcohol Related : Unknown		Drug Related : Unknown Total Damaged Property Value : \$0.00 Total Stolen Property Value : \$0.00 Total Recovered Property Value : \$0.00		

P R O P E R T Y 1	Category EVIDENCE/SEIZED	Property Type DIGITAL DISK	Make	Model
	Serial #	Color	Description Taser Video on CD	Condition
	UCR Type : MISCELLANEOUS Quantity/Weight : 1 Value : \$0,000,001.00 Recovery Location : 1604 N Roosevelt BV KEY WEST FL 33040		Recovered By : M. Malgrat Recovery Date and Time : 11/29/2015 14:15 Recovery Value : \$0,000,001.00	
	End of Property: 1			

N A R R A T I V E 1	Topic SUPPLEMENTAL
	On 11/29/2015 Sgt J Williamson download my Taser device for the video in this case. The video was transferred to a CD and placed into KWPd evidence.
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 JEFFERY SCOTT WILLIAMSON (1557)	Department KEY WEST POLICE DEPARTMENT	Date / Time 11/29/2015 15:12