

Response to Resistance Report

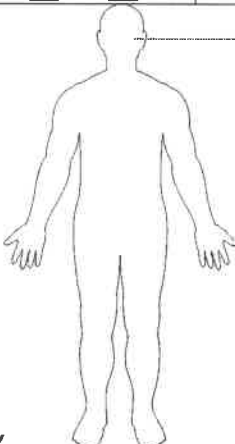
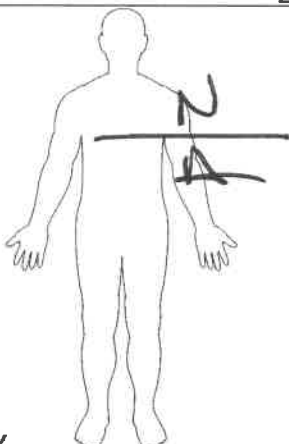
Key West Police Department

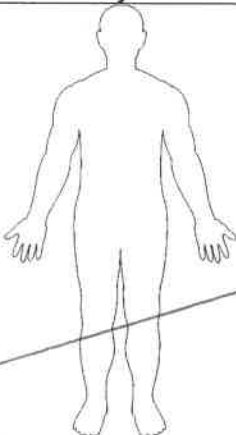
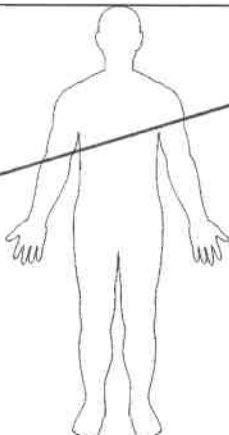
Case No: 19-2271

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: 4/8/19	3. Time: 0005	4. Location: 2500 No. Roosevelt	5. Incident: Resisting W/Out
	6. Resistance Level	7. Explanation	8. Response Option	9. Explanation
	<input checked="" type="checkbox"/> Passive:		<input checked="" type="checkbox"/> Physical Control	Take-down
	<input checked="" type="checkbox"/> Active: Pulled 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: MURRAY	11. First: TAMI	12. Race: W	13. Sex: F
	14. DOB: 6/24/58	15. Height: 5'00"	16. Weight: 120	
	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 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 checked="" type="checkbox"/> EMT/Paramedic on scene <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Detention			
				
	22. Anterior View		Posterior View	

OFFICER	23. Officer: Thomas Haynie	24. Race : W	25. Sex: M	26. Age: 30	27. Height : 5'06"	28. Weight: 130
	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: Take-down					
						
	35. Anterior View		Posterior View			

Response to Resistance Report (continued)

Key West Police Department

Case No: 19-2271

TASER USE ONLY	36. TASER® device serial	37. TASER® device serial #	
	TASER®Cam serial	TASER®Cam serial #	
	Cartridge 1 serial #	Cartridge 1 serial #	
	Cartridge 2 serial #	Cartridge 2 serial #	
	Number of cycles:	Number of cycles:	
	Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun	Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun	
	Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No	Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Target distance at probe launch:	Target distance at probe launch:	
	Distance between probes:	Distance between probes:	
	Probes removed by (name):	Probes removed by (name):	
Device downloaded by:	Device downloaded by:		
<input type="checkbox"/> 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: 4/8/19		41. Time: 0020 Hrs
	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	Phone Number
	45. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS		
	Sgt P. RODRIGUEZ 2298		4/8/19
	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:	

		INCIDENT/INVESTIGATION REPORT										Case# 19-002271	
I N C I D E N T D A T A	Agency Name Key West Police Department		ORI FL0440100		Location of Incident 2500 N Roosevelt Blvd, Key West FL 33040-		Premise Type Other Retail		Beat/GP B5, GPB5		Date / Time Reported 04/08/2019 00:05 Mon		
											Last Known Secure 04/08/2019 00:05 Mon		
											At Found 04/08/2019 00:05 Mon		
	#1	Crime Incident(s) Resist Arrest / Escape XOM				(Com)		Weapon / Tools NOT APPLICABLE/NONE				Activity	
		Entry		Exit		Security							
#2	Crime Incident Trespassing XOT				(Com)		Weapon / Tools				Activity		
	Entry		Exit		Security								
#3	Crime Incident				()		Weapon / Tools				Activity		
	Entry		Exit		Security								
MO													
V I C T I M	# of Victims 2		Type: BUSINESS		Injury:				Domestic: N				
	V1	Victim/Business Name (Last, First, Middle) CONCH PLAZA				Victim of Crime # 2		DOB Age		Race Sex		Relationship To Offender ST	
	Home Address 2500 N ROOSEVELT BLVD , Key West, FL 33040-				Home Phone								
	Employer Name/Address				Business Phone		Mobile Phone						
	VYR	Make	Model	Style	Color	Lic/Lis	VIN						
O T H E R I N V O L V E D	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)												
	Type: SOCIETY/PUBLIC/STATE				Injury:								
	V2	Name (Last, First, Middle) SOCIETY				Victim of Crime # 1		DOB Age		Race Sex		Relationship To Offender N/A	
	Home Address				Home Phone								
	Employer Name/Address				Business Phone		Mobile Phone						
P R O P E R T Y	Type:				Injury:								
		Name (Last, First, Middle)				Victim of Crime #		DOB Age		Race Sex		Relationship To Offender	
	Home Address				Home Phone								
	Employer Name/Address				Business Phone		Mobile Phone						
	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found ("OJ" = Recovered for Other Jurisdiction)												
P R O P E R T Y	VI #	Code	Status Frm/To	Value	OJ	QTY	Property Description			Make/Model			Serial Number
		35	EVID	\$1.00		1	AXON BWC, 3836						
Officer/ID# HAYNIE, THOMAS G (3836)													
Invest ID# (0)													
Supervisor DUPONTY, FRANK T (1951)													
Status	Complainant Signature				Case Status Cleared By Arrest				Case Disposition: Cleared By Arrest				Page 1
				04/08/2019				04/08/2019					
R_CS1IBR				Printed By: JCASTILLO, 5005				Sys#: 123552				05/02/2019 08:41	

INCIDENT/INVESTIGATION REPORT

Key West Police Department

Case # 19-002271

Status Codes L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found						
	UCR	Status	Quantity	Type Measure	Suspected Type	Up to 3 types of activity
D R U G S						

Assisting Officers
RODRIGUEZ, P.D. (2298), LEAHY, B.P. (2965)

Suspect Hate / Bias Motivated:

NARRATIVE

REPORTING OFFICER NARRATIVE*Key West Police Department*

Victim <i>CONCH PLAZA</i>	Offense <i>RESIST ARREST / ESCAPE</i>	OCA <i>19-002271</i>
		Date / Time Reported <i>Mon 04/08/2019 00:05</i>

On Monday, April 08, 2019 at 12:05 AM, Officer Leahy and I observed Tami Murray trespassing outside The Mustard Store at Conch Plaza at 2500 North Roosevelt Boulevard.

Officer Leahy told me he observed Tami camping at the same location on April 05, 2019 at 8:56 PM. Officer Leahy issued Tami a documented trespass warning at that time.

Tami was sitting at a picnic table with all her belongings spread around. I told Tami she was under arrest and placed a handcuff on her right wrist. I grabbed Tami's left wrist at which point she pulled away. I grabbed her wrist again and while pushing her against the table was able to place the cuff on her left wrist. Tami agreed to sit down while I packed her stuff. Tami loudly rambled on while I was packing her stuff.

I grabbed Tami's arm and began escorting her to the police van. Tami continued to loudly ramble on and at one point swung her body around to the left, at which point she was almost behind me. To gain control of her, I pulled Tami in, placed my right arm on her upper back and brought her to the ground.

Key West Rescue responded for swelling and an abrasion above Tami's left eyes. They treated Tami's injury. Sergeant Rodriguez responded to the scene reference my response to Tami's resistance. I transported Tami to the Monroe County Detention Center. The nurse at the jail denied Tami due to high blood pressure. Key West Rescue transported Tami to the Lower Keys Medical Center. Once cleared, I transported Tami back to the jail and turned her over to the detention deputies without incident.

I activated my KWPD issued bodycam during this call.

KWPD Dispatch has Sonia Kozichi (Ph: (305)304-8654) listed as a contact for Conch Plaza, specifically GFS.

Tami did violate F.S.S. 810.09(1)(a)(1) TRESPASS - ON PROPERTY OTHER THAN STRUCTURE OR CONVEYANCE by willfully entering in and remaining on the curtilage of 2500 North Roosevelt Boulevard, without authorization after being previously warned, the night prior, by Officer Leahy.

Tami did also violate F.S.S. 843.02 RESISTING OFFICER WITHOUT VIOLENCE TO HIS OR HER PERSON by tensing and pulling away from me while I was engaged in the legal process of taking her into custody for trespassing. At the time I was a police officer. Tami should have known I was a police officer as I identified myself as such and was dressed in my police uniform.

Sonia Kozicki 305 304 8654

Incident Report Suspect List

Key West Police Department

OCA: 19-002271

1	Name (Last, First, Middle) <i>MURRAY, TAMI LILLIAN</i>					Also Known As					Home Address <i>GENERAL DELIVERY KEY WEST, FL 33040 305-304-6063</i>																																													
	Business Address <i>NONE, NONE</i>																																																							
	DOB <i>06/24/1958</i>	Age <i>60</i>	Race <i>W</i>	Sex <i>F</i>	Eth <i>N</i>	Hgt <i>500</i>	Wgt <i>110</i>	Hair <i>BRO</i>	Eye <i>BLU</i>	Skin <i>LGT</i>	Driver's License / State. <i>M600812587240 FL</i>																																													
Scars, Marks, Tattoos, or other distinguishing features																																																								
<table border="1"> <tr> <td colspan="2"><i>Reported Suspect Detail</i></td> <td colspan="2">Suspect Age</td> <td>Race</td> <td>Sex</td> <td>Eth</td> <td colspan="2">Height</td> <td colspan="2">Weight</td> <td colspan="3">SSN</td> </tr> <tr> <td colspan="2">Weapon, Type</td> <td colspan="2">Feature</td> <td colspan="2">Make</td> <td colspan="2">Model</td> <td colspan="2">Color</td> <td>Caliber</td> <td colspan="3">Dir of Travel</td> </tr> <tr> <td colspan="2">VehYr/Make/Model</td> <td>Drs</td> <td colspan="2">Style</td> <td colspan="2">Color</td> <td colspan="2">Lic/St</td> <td colspan="3">VIN</td> <td colspan="2"></td> </tr> </table>															<i>Reported Suspect Detail</i>		Suspect Age		Race	Sex	Eth	Height		Weight		SSN			Weapon, Type		Feature		Make		Model		Color		Caliber	Dir of Travel			VehYr/Make/Model		Drs	Style		Color		Lic/St		VIN				
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Notes

Physical Char

BUILD, LIGHT
BUILD, MEDIUM/AVERAGE
BUILD, SLIM/THIN/SMALL
FACIAL HAIR, NO FACIAL HAIR
HAIR TYPE, LONG
HAIR TYPE, MEDIUM
HAND USE, UNKNOWN
TEETH, CHIPPED
TEETH, MISSING
TEETH, OTHER

Incident Report Related Property List

Key West Police Department

OCA: 19-002271

1	Property Description AXON BWC, 3836				Make		Model		Caliber	
	Color		Serial No.		Value \$1.00		Qty 1.000		Unit EA	
									Jurisdiction Locally	
	Status Evidence		Date 04/08/2019		NIC #		State #		Local #	
									OAN	
Name (Last, First, Middle) * No name *					DOB		Age		Race	
									Sex	

Notes