

Response to Resistance Report

Key West Police Department

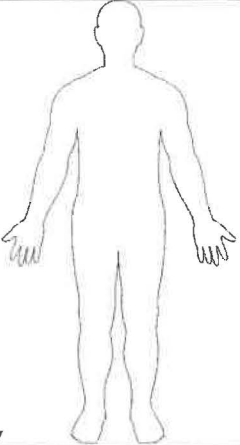
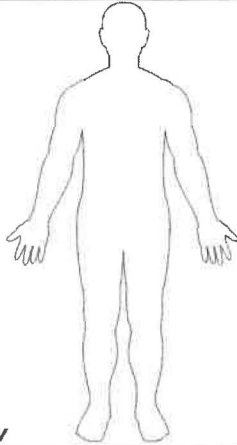
Case No: 20-1505

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

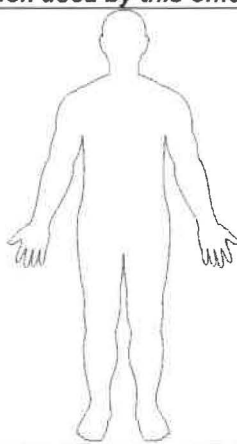
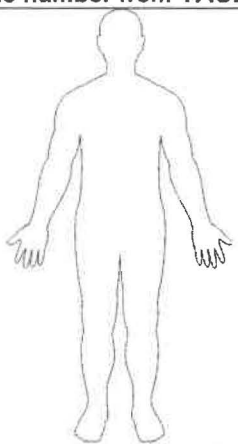
- A response through the use of non-lethal weapons,
- Applies weaponless physical force of strikes, kicks, or "take-downs"
- When any person sustains an apparent substantial or fatal injury as a result of the application of force
- When any person complains of injury as a result of the application of 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: 03/08/20 | | 3. Time: 2307 | | 4. Location: Circle K NRB | | 5. Incident type: Resisting/S34 | |
| | 6. Resistance Level | | 7. Explanation | | 8. Response Option | | 9. Explanation | |
| | <input type="checkbox"/> Passive: | | _____ | | <input checked="" type="checkbox"/> Physical Control | | Take Down | |
| | <input checked="" type="checkbox"/> Active: | | Walking Away/Pulling Away/Bracing | | <input checked="" type="checkbox"/> Non-lethal Weapon | | OC SPRAY | |
| <input type="checkbox"/> Aggressive: | | _____ | | <input type="checkbox"/> Deadly Force | | _____ | | |
| <input type="checkbox"/> Deadly Force: | | _____ | | _____ | | _____ | | |

| | | | | | | | | | |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|--|------------------------|--|-------------------|--|--|
| SUBJECT | 10. Last Name: Russiel | | 11. First: Berry | | 12. Race: W | | 13. Sex: M | | |
| | 14. DOB: 09/01/49 | | 15. Height: 6'01" | | 16. Weight: 185 | | | | |
| | 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 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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes By: <input checked="" type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Detention | | | | | | | | |

| | | |
|----------------|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| SUBJECT |  <p>22. Anterior View</p> |  <p>Posterior View</p> |
|----------------|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|

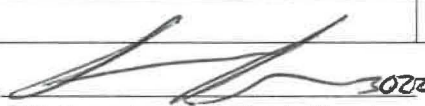
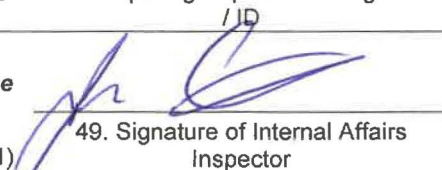
| | | | | | | | | | | | | |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------|-----------------------------------------------------------------------------------------|----------------------------------------|--|----------------------------------------------------------------------------------------------|--|------------------------|--|------------------------|--|
| OFFICER | 23. Officer: Billy Vazquez | | 24. Race: W | | 25. Sex: M | | 26. Age: 30 | | 27. Height: 5'8 | | 28. Weight: 160 | |
| | 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: 7 | | | | | |
| | 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 | | | | | |

| | | | | | | | | | | | | |
|----------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|
| OFFICER | 34. Response option used by this officer: (If TASER®, also reference line number from TASER® section) Takedown | | | | | | | | | | | |
| |  <p>35. Anterior View</p> |  <p>Posterior View</p> | | | | | | | | | | |

Response to Resistance Report (continued)

Key West Police Department

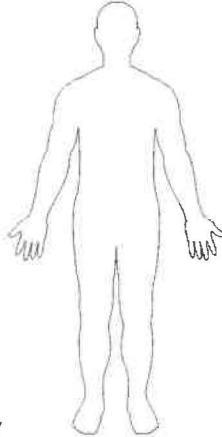
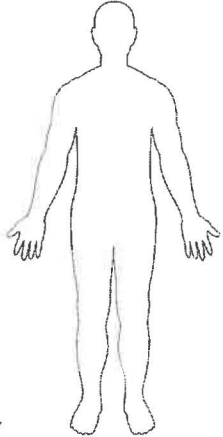
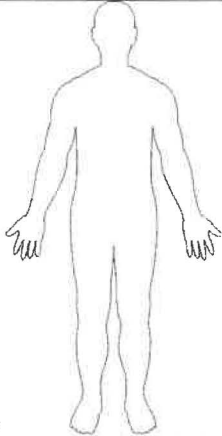
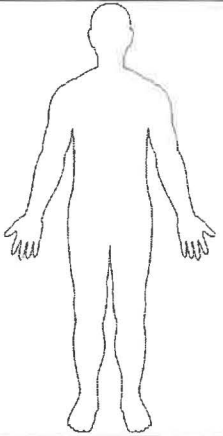
Case No: 20-1505

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------|
| 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: 1 | | 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: N/A | | 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: 03/08/2020 | | 41. Time: 2307 | |
| | 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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "Yes," list below) | | | |
| | Name | | Address | |
| William J Gau (10-08-73) | | General Delivery Key West | | 305-879-1693 |
| | | | | |
| | | | | |
| 45. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |  | | 03/08/20 |
| FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS | | 46. Preparing Supervisor's Signature | | 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) | |  | |
| | | | 49. Signature of Internal Affairs Inspector | |
| | | | | |
| 51. If section 48 is "No" record the Professional Standards Control Number: | | 52. Date Entered: 3/16/20 | | |

Response to Resistance Report (continued)

Key West Police Department

Case No: 20-1505

| | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------|------------------|
| OFFICER | 23. Officer: Cleyton Morris 24. Race: W 25. Sex: M 26. Age: 26 27. Height 5'11 28. Weight 175 | | | | | |
| | 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: 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 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) OC SPRAY | | | | | |
| |  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 | | | |

INCIDENT/INVESTIGATION REPORT

Agency Name
Key West Police Department

ORI
FL0440100

Case#
20-001505

Date / Time Reported
03/07/2020 23:07 Sat

Last Known Secure
03/07/2020 23:07 Sat

At Found
03/07/2020 23:07 Sat

| | | | |
|--------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------|----------------------------|
| Location of Incident 1890 N Roosevelt Blvd, Key West FL 33040- | | Premise Type Convenience Store | Beat/GP B4, GPB4 |
| #1 | Crime Incident(s) Resist Arrest / Escape XOM | Weapon / Tools NOT APPLICABLE/NONE | |
| | | Entry | Exit |
| #2 | Crime Incident () | Weapon / Tools | |
| | | Entry | Exit |
| #3 | Crime Incident () | Weapon / Tools | |
| | | Entry | Exit |

MO

VICTIM

of Victims **1** Type: **SOCIETY/PUBLIC/STATE** Injury: Domestic: **N**

V1 Victim/Business Name (Last, First, Middle) **Society** Victim of Crime # **1** DOB Age Race Sex Relationship To Offender Resident Status **N/A** Military Branch/Status

Home Address Home Phone

Employer Name/Address Business Phone Mobile Phone

VYR Make Model Style Color Lic/Lis VIN

OTHERS INVOLVED

CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)

Type: Injury:

Code Name (Last, First, Middle) Victim of Crime # DOB Age Race Sex Relationship To Offender Resident Status Military Branch/Status

Home Address Home Phone

Employer Name/Address Business Phone Mobile Phone

Type: Injury:

Code Name (Last, First, Middle) Victim of Crime # DOB Age Race Sex Relationship To Offender Resident Status Military Branch/Status

Home Address Home Phone

Employer Name/Address Business Phone Mobile Phone

PROPERTY

L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found
("OJ" = Recovered for Other Jurisdiction)

| VI # | Code | Status Frm/To | Value | OJ | QTY | Property Description | Make/Model | Serial Number |
|------|------|---------------|--------|----|-----|----------------------|------------|---------------|
| 1 | 35 | EVID | \$0.00 | | 1 | AXON BWC 3467 | | |
| | 35 | EVID | \$0.00 | | 1 | AXON BWC 3926 | | |

Officer/ID# **MORRIS, CLEYTON B (3926)**

Invest ID# **(0)** Supervisor **VAZQUEZ, BILLY (3467)**

Status Complainant Signature Case Status **Cleared By Arrest 03/08/2020** Case Disposition: **Cleared By Arrest 03/10/2020** Page 1

Incident Report Additional Name List

Key West Police Department

OCA: 20-001505

Additional Name List

| Name Code/# | Name (Last, First, Middle) | Victim of Crime # | DOB | Age | Race | Sex |
|-------------|----------------------------------------------------|----------------------|-----------------|-----|------|-----|
| 1) WI 1 | GAU, WILLIAM JOSEPH | | 10/08/1973 | 46 | W | M |
| | Address 3002 Sw 20th St Aptb101 , Ocala, FL 34474- | | H: 305-879-1673 | | | |
| | Empl/Addr | | B: - - | | | |
| | | | Mobile #: - - | | | |

INCIDENT/INVESTIGATION REPORT

Key West Police Department

Case # 20-001505

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
VAZQUEZ, B. (3467), KOURI, D.G. (3022), HAYNIE, T.G. (3836), BOZZETTI, C.A. (4058), MAYORGA LOPEZ, J. (3722), PEREZ, R. (4010)

Suspect Hate / Bias Motivated:

NARRATIVE

REPORTING OFFICER NARRATIVE

Key West Police Department

| | | |
|--------------------------|------------------------------------------|-----------------------------------------------------|
| | | OCA 20-001505 |
| Victim <i>Society</i> | Offense <i>RESIST ARREST / ESCAPE</i> | Date / Time Reported <i>Sat 03/07/2020 23:07</i> |

On Saturday, March 8, 2020, at 2307 hours, I (Officer Morris) was on patrol in the area of 1890 N Roosevelt Blvd. when I observed two males standing in front of the business (Circle K). I parked my patrol car in the parking lot of the Garrison Bight Marina and watched the two individuals, who appeared to be loitering. Note: KWPD is authorized to remove/trespass any individuals who remain on the property.

After watching the two males for approximately five to ten minutes, I approached the two individuals. I introduced myself and explained to both individuals, that they were loitering on the property. I immediately recognized one of the individuals from a previous unrelated call, but was unsure what his name was. I called him "Barry", thinking that was his name, and he corrected me saying that wasn't his name. "Barry" was later identified as Beirry O Russeill. I again asked both individuals for their identification. Directly above the two individuals was a KWPD authorization to trespass sign. While pointing to the sign, I explained that the sign was placed there by order of the owner of the property and the owner has given the KWPD authorization to trespass people from the property. Russeill argued with me and explained that he was free to leave. Russeill said he was free to go inside the building and I explained to him that he was not free to leave, due to the fact he was failing to identify himself. I asked KWPD dispatch to send another unit because Russeill was being confrontational. I again asked Russeill for his identification and he began packing his belongings that were on top an adjacent soda crate behind him. I again explained to Russeill that he was not free to leave because I had to identify him so I could issue him a trespass warning for the property. The other male, William Gau, provided me with his Florida Driver's License, without incident.

After asking him for his identification another time I removed my pepper spray and explained to Russeill that if he would not produce an ID he would be pepper sprayed. Russeill continued to pack his belongings and tell me he was leaving. Russeill again refused to give me his ID. Due to Russeill verbally and physically refusing to comply or respond with my lawful request for him to produce his identification, I removed my department issued OC spray and I delivered one long burst or spray. The spray contacted Russeill in the face and eye area.

Once pepper sprayed, I continued to give Russeill loud verbal commands to produce his identification. Russeill suddenly reached into his back-left pocket and removed his wallet and handed it to me. Sgt. Vazquez arrived on scene.

Sgt. Vazquez provided me with the following statement:

I arrived on scene, and observed a subject known to me from previous law enforcement encounters as Beirry Russeill. Russeill appeared to be pepper sprayed and standing about ten feet in front Ofc. Morris, ignoring Ofc. Morris's verbal commands. I immediately approached Russeill and gave him a loud verbal command to put his hands behind his back. Russeill refused. I grabbed Russeill by his right arm and attempted to place him in custody. Russeill suddenly and swiftly attempted to take a step back, in an apparent attempt to physically evade my efforts in placing him in custody. I redirected Russeill to ground, in a controlled manner using an Arm bar takedown technique. Once on the ground I continued to give loud verbal commands for Russeill to place his hands behind his back. Russeill refused and continued to physically resist us. Ofc. Morris and I repositioned ourselves. Ofc. Morris and I had to physically place Russeill's hands behind his back. Ofc. Morris was finally able to place Russeill in

REPORTING OFFICER NARRATIVE

Key West Police Department

| | | |
|-------------------|-----------------------------------|----------------------------------------------|
| | | OCA 20-001505 |
| Victim Society | Offense RESIST ARREST / ESCAPE | Date / Time Reported Sat 03/07/2020 23:07 |

handcuffs.

Once in custody, I requested Rescue to the scene to decontaminate Russeill."

KWFR arrived on scene and decontaminated Beirry.

Officer Lopez arrived on scene with the KWPD transport van and transported Beirry to the Monroe County Detention Center. While inside the intake room, Beirry consistently refused to obey simple orders such as to stay seated on the bench. Beirry made numerous statements that he would meet me next time on his turf and asked me to meet him so we could fight.

Arrest information:

Based on the facts and evidence, there is probable cause that on 3/7/2020, at approximately 2307 hours, at 1890 N. Roosevelt Blvd., Beirry Russeill refused to obey lawful commands to produce identification and remain on scene, thus becoming physically resistant to officers on scene, contrary to F.S.S. 843.02 RESIST / OBSTRUCT OFFICER W/O VIOLENCE.

The incident was captured on my AXON BWC.

Incident Report Suspect List

Key West Police Department

OCA: 20-001505

| | | | | | | | | | | | | | | | |
|---------------------------------------------------------|---------------------------------------------------------|----------|----------|----------|------------|---------------|------------|------------|------------|---------------------------|---------------------------------------------------------------------------------|--|--|--|--|
| 1 | Name (Last, First, Middle) RUSSEILL, BEIRRY O | | | | | Also Known As | | | | | Home Address 2706 FLAGLER AVE KEY WEST, FL 33040 305-363-9130 | | | | |
| | Business Address | | | | | | | | | | | | | | |
| DOB | Age | Race | Sex | Eth | Hgt | Wgt | Hair | Eye | Skin | Driver's License / State. | | | | | |
| 08/01/1949 | 70 | B | M | N | 601 | 185 | BLK | BRO | MED | R240074492810 FL | | | | | |
| Scars, Marks, Tattoos, or other distinguishing features | | | | | | | | | | | | | | | |

| | | | | | | | | | |
|--------------------------------|---------|-------------|-------|------|-------|---------|---------------|--------|----------------|
| Reported Suspect Detail | | Suspect Age | | Race | Sex | Eth | Height | Weight | SSN |
| Weapon, Type | Feature | Make | Model | | Color | Caliber | Dir of Travel | | Mode of Travel |
| VehYr/Make/Model | | Drs | Style | | Color | Lic/St | | VIN | |

Notes

Physical Char

**BUILD, SLIM/THIN/SMALL
FACIAL HAIR, NO FACIAL HAIR
HAIR TYPE, MEDIUM
TEETH, OTHER**

Incident Report Related Property List

Key West Police Department

| |
|----------------|
| OCA: 20-001505 |
|----------------|

| | | | | |
|----------|--------------------------------------------------|---------------------------|------------------------|--------------------------------|
| 1 | Property Description AXON BWC 3467 | Make | Model | Caliber |
| | Color | Serial No. | Value \$0.00 | Qty 1.000 |
| | | | Unit | Jurisdiction Locally |
| | Status Evidence | Date 03/08/2020 | NIC # | State # |
| | | | Local # | OAN |
| | Name (Last, First, Middle) * No name * | | DOB | Age |
| | | | Race | Sex |

Notes

| | | | | |
|----------|--------------------------------------------------|---------------------------|------------------------|--------------------------------|
| 2 | Property Description AXON BWC 3926 | Make | Model | Caliber |
| | Color | Serial No. | Value \$0.00 | Qty 1.000 |
| | | | Unit | Jurisdiction Locally |
| | Status Evidence | Date 03/08/2020 | NIC # | State # |
| | | | Local # | OAN |
| | Name (Last, First, Middle) * No name * | | DOB | Age |
| | | | Race | Sex |

Notes

CASE SUPPLEMENTAL REPORT

Printed: 03/18/2020 10:15

Key West Police Department

OCA: **20001505**

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

Case Status: *CLEARED BY ARREST*

Case Mng Status: *NA*

Occurred: *03/07/2020*

Offense: *RESIST ARREST / ESCAPE*

Investigator: *VAZQUEZ, BILLY (3467)*

Date / Time: *03/08/2020 00:28:39, Sunday*

Supervisor: *DEAN, JEFFREY (3386)*

Supervisor Review Date / Time: *03/09/2020 10:52:13, Monday*

Contact:

Reference: *General Supplemental Report*

On March 8th, 2020 at about 2307 hours, I Sgt. Vazquez was report writing at the KWPD, when I heard Ofc. Morris over our police radio, requesting back up at 1890 N. Roosevelt Blvd. (Circle K). I left the station, and began traveling to Circle K. While enroute, I heard Ofc. Morris over our police radio, that he had a subject pepper sprayed.

I arrived on scene, and observed a subject known to me from previous law enforcement encounters as Beirry Russeill. Russeill appeared to be pepper sprayed and standing about ten feet in front Ofc. Morris, ignoring Ofc. Morris`s verbal commands. I immediately approached Russeill and gave him a loud verbal command to put his hands behind his back. Russeill refused. I grabbed Russeill by his right arm and attempted to place him in custody. Russeill suddenly and swiftly attempted to take a step back, in an apparent attempt to physically evade my efforts in placing him in custody. I redirected Russeill to ground, in a controlled manner using an Arm bar takedown technique. Once on the ground I continued to give loud verbal commands for Russeill to place his hands behind his back. Russeill refused and continued to physically resist us. Ofc. Morris and I repositioned ourselves. Ofc. Morris and I had to physically place Russeill`s hands behind his back. Ofc. Morris was finally able to place Russeill in handcuffs. Once in custody, I requested Rescue to the scene to decontaminate Russeill.

Sgt. Kouri arrived on scene to complete an RRI.

Ofc. Morris transported

Investigator Signature

Supervisor Signature