

Response to Resistance Report

Key West Police Department

Case No: 20-4283

(Check all that apply)

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

- ☐ 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: 10/18/20

3. Time: 2330

4. Location: 400 blk Caroline

5. Incident type: BATTERY

6. Resistance Level

- ☐ Passive:
☒ Active:
☐ Aggressive:
☐ Deadly Force:

7. Explanation

Kicking, Tensing, Pulling, Pushing

8. Response Option

- ☒ Physical Control
☐ Non-lethal Weapon
☐ Deadly Force

9. Explanation

Take Down

10. Last Name: Grube

11. First: Jason

12. Race: White

13. Sex: Male

14. DOB: 06/08/1978

15. Height: 5'11

16. Weight: 185

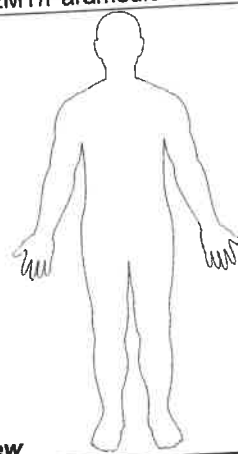
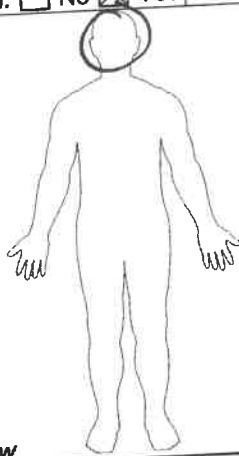
17. Did you observe the subject: ☐ No ☒ Yes

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



22. Anterior View

Posterior View

23. Officer: D. Kouri

24. Race: W

25. Sex: M

26. Age: 34

27. Height: 6'

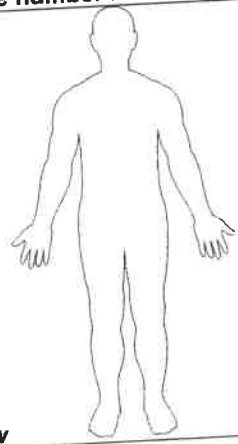
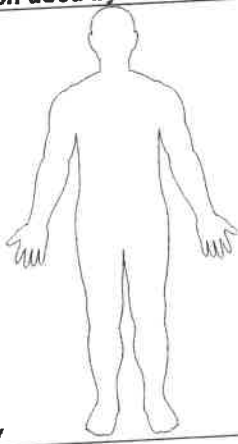
28. Weight: 235

29. Duty Status: ☒ On-duty ☐ Off-duty ☐ Extra duty employment ☒ Uniformed ☐ Plain clothes 30. Yrs Exp: 14

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

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

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



35. Anterior View

Posterior View

Response to Resistance Report (continued)

Key West Police Department

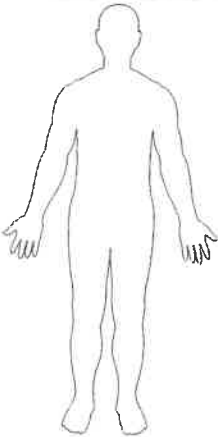
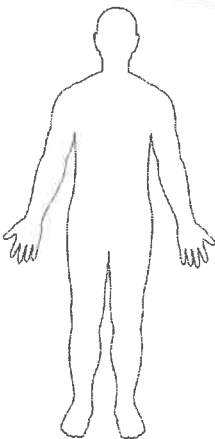
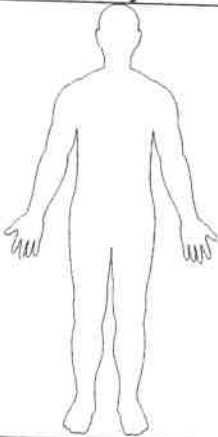
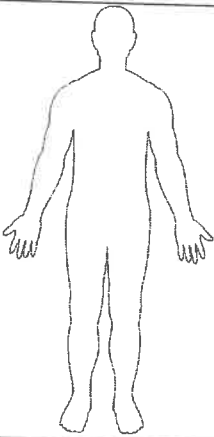
Case No: 20-4283 Error! Reference source not found.

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: 10/18/20		41. Time: 1130PM	
	42. Did you respond to the scene: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)			
	43. Did you watch all relevant videos associated with the use of force? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)			
	44. Did you meet with the Officer(s): <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)			
	45. During your review did you find any potential policy violations or training issues associated with the incident? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," list below)			
	46. Were you able to locate any independent witnesses: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "Yes," list below)			
	Name		Address	Phone Number
	Nicholas Bridges		Maryland	410-310-1857
	Alison Bridges		Maryland	410-829-4579
	47. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Sgt. [Signature] 3467 10/19/20			
INT. AFF.	50. Did the review of this incident conclude that use of force was in compliance with Departmental policy? <input type="checkbox"/> No <input type="checkbox"/> Yes If "No", complete section 51)		48. Preparing Supervisor's Signature / ID 49. Date	
	51. Signature of Internal Affairs Inspector		52. Date	
	53. If section 48 is "No" record the Professional Standards Control Number: 54. Date Entered:			

Response to Resistance Report (continued)

Key West Police Department

Case No: 20-4283 **Error! Reference source not found.**

OFFICER	23. Officer: Scott Ham 24. Race: W 25. Sex: M 26. Age: 29 27. Height: 6' 28. Weight: 205			
	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			
31. Injuries: <input checked="" type="checkbox"/> No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 35)				
32. Photographed: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 33. Treated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital				
34. Response option used by this officer: (If TASER®, also reference line number from TASER® section)				
				
	35. Anterior View		Posterior View	
OFFICER	23. Officer: Avery Bozzetti 24. Race: W 25. Sex: M 26. Age: 27 Height: 6'02 28. Weight: 180			
	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			
31. Injuries: <input checked="" type="checkbox"/> No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 35)				
32. Photographed: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 33. Treated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital				
34. Response option used by this officer: (If TASER®, also reference line number from TASER® section)				
				
	35. Anterior View		Posterior View	

On Sunday, October 18th, 2020 at around 2330 hours, Ofc. Waite and I (Sgt. Kouri) responded to the 400 block of Caroline Street, in reference to a battery that had just occurred.

Upon arrival, Officers Ham and Bozzetti were already on scene and had the individuals separated that were initially involved. Officers Ham and Bozzetti were speaking with a male subject later identified as Jason Grube. Grube was the primary aggressor and the suspect of the battery. Ofc. Waite began speaking with the victims.

I remained with Officers Ham and Bozzetti with Grube, due to his aggressive, vulgar and threatening demeanor towards the Officers. Grube refused to provide any identification to the Officer's, who were conducting a criminal investigation. Grube was asked several times and given multiple opportunities to provide his identification, however continued to refuse. Grube instead was uttering multiple vulgar statements and threats towards the Officers. Grube stated to Ofc. Bozzetti that he would "Kick/Beat his ass." Both Officers remained professional and still continued to ask Grube for his identification so they could continue their investigation.

After multiple refusals to cooperate, multiple vulgar statements, and finally threats to do harm to the Officers, I instructed Ofc. Bozzetti to place Grube under arrest. Ofc. Bozzetti grabbed Grube by his right hand and arm in an attempt to gain physical control and place Grube into handcuffs. However, Grube immediately began to pull away, tense his body and attempt to defeat the Officers legal and lawful efforts. Ofc. Ham assisted Ofc. Bozzetti in attempting to gain control of Grube. They were able to briefly place Grube against the driver side, quarter-panel of my marked Police SUV, to attempt to gain control. Grube continued to resist, by attempting to pull his arms away from both Officers and raise his body off of the Police SUV. Grube then kicked to the rear and in an upward direction, in an attempt to strike Ofc. Bozzetti.

After giving multiple verbal commands to Grube to stop resisting, I grabbed Grube's shirt above his left shoulder and directed him to the ground in a controlled manner. Once on the ground, and after a further struggle, Grube was placed into handcuffs.

Once handcuffed, we sat Grube on the curb. Due to a small abrasion on his forehead, I asked for KWFD to respond to the scene and provide medical attention. KWFD arrived on scene and cleaned the abrasion.

Sgt. Vazquez arrived on scene and completed the RRI.

Witnesses were on scene, as well as the victims of the initial battery that saw Grube's violent and resistive behavior towards the Officers and myself. Witness statements were collected, as well as statements recorded on BWC.

My BWC was active during this investigation and later downloaded at KWPD.

Grube was transported to MCDC and charged accordingly.



3022

FD-400 (Rev. 10-6-95)

3. AGENCY REPORT NUMBER

4. REPORTED

DATE

TIME

TIME DISP.

TIME ARR.

TIME COMPLETED

INCIDENT TYPE

1. CRIMINAL

2. TRAFFIC FELONY

3. MISDEMEANOR

4. TRAFFIC MISDEMEANOR

5. ORDINANCE

6. OTHER

7. INCIDENT FROM

W/DAY

10/18/2020

DATE

TIME

DAY

DATE

TIME

8. OFFENSE #1

TYPE

FELONY

TIME

DAY

DATE

TIME

9. OFFENSE #2

TYPE

MISDEMEANOR

TIME

DAY

DATE

TIME

10. INCIDENT LOCATION (STREET/NUMBER)

Caroline St. / Duval St.

CITY

KEY WEST

STATE

ZIP

33040

11. BUSINESS NAME/AREA IDENTIFIER

N/A

N/A

N/A

N/A

N/A

N/A

12. BUSINESS NAME/AREA IDENTIFIER

N/A

N/A

N/A

N/A

N/A

N/A

13. # OFFENSES

4

4

4

4

4

4

14. # VICTIMS

1

1

1

1

1

1

15. # OFFENDERS

1

1

1

1

1

1

16. # PREM. ENT.

N/A

N/A

N/A

N/A

N/A

N/A

17. # VEH. STOLEN

N/A

N/A

N/A

N/A

N/A

N/A

18. FORCED ENTRY

YES

NO

YES

NO

YES

NO

19. OCCUPANCY

OCC. NA

OCC. NA

OCC. NA

OCC. NA

OCC. NA

OCC. NA

20. LOCATION TYPE

1. RESIDENCE - SINGLE

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PERSONAL INFORMATION	1. MISSING <input type="checkbox"/> 1. MISSING <input type="checkbox"/> 2. RECOVER OOT MISSING <input type="checkbox"/> 3. MISSING AND RECOVERED		2. TYPE MISSING <input type="checkbox"/> 1. RUNAWAY <input type="checkbox"/> 2. PARENTAL <input type="checkbox"/> 3. INVOLUNTARY <input type="checkbox"/> 4. DISABLED		3. RECOVERY INFORMATION <input type="checkbox"/> 1. N/A <input type="checkbox"/> 2. LOCATED-NOT <input type="checkbox"/> 3. HOSPITALIZED <input type="checkbox"/> 4. HRS CUSTODY		AGENCY REPORT # <input type="checkbox"/> 5. LAW ENFORCEMENT CUSTODY <input type="checkbox"/> 6. RETURNED TO PARENT/GUARDIA <input type="checkbox"/> 7. DECEASED <input type="checkbox"/> 8. OTHER	
	4. FOUL PLAY SUSPECTED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO		5. PERSON MISSING PREVIOUSLY? <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO		6. UNKNOWN <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO		7. UNKNOWN <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO	
	A. WILL THE VICTIM PROSECUTE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		B. ARE THERE ANY KNOWN WITNESSES TO THE CRIME? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		C. HAVE ALL KNOWN WITNESSES BEEN IDENTIFIED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		D. HAVE ALL KNOWN WITNESSES BEEN INTERVIEWED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
FACTORS	E. DO WITNESSES HAVE INFORMATION THAT IS VALUABLE TO THE INVESTIGATION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		F. WAS AN ARREST MADE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		G. ARE ALL KNOWN OFFENDERS IN CUSTODY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		H. CAN THE SUSPECT(S) BE LOCATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	I. CAN THE SUSPECT(S) BE NAMED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES EXPLAIN HOW AND BY WHOM SUSPECT WAS NAMED.		J. CAN THE SUSPECT'S VEHICLE BE DESCRIBED? <input type="checkbox"/> YES <input type="checkbox"/> NO		K. CAN THE SUSPECT'S VEHICLE BE LOCATED? <input type="checkbox"/> YES <input type="checkbox"/> NO		L. HAS THE SUSPECT'S VEHICLE BEEN IMPOUNDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	M. IS THERE A SIGNIFICANT MO? <input type="checkbox"/> YES <input type="checkbox"/> NO		N. HAVE COMPUTER ENTRIES BEEN MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO		O. ARE THERE ANY UNUSUAL CIRCUMSTANCES OR FACTORS SUCH AS LIMITED OPPORTUNITY, LARGE AMOUNTS OF TRACEABLE PROPERTY TAKEN, UNIQUE TYPE PROPERTY OR UNIQUE MO WHICH WOULD ASSIST THE INVESTIGATOR? IF YES EXPLAIN IN THE NARRATIVE.		IF YES PUT X IN BOX	
VEHICLE OR VESSEL	1. VEHICLE CODES S - STOLEN A - ABANDONED I - IMPOUNDED U - USED IN CRIME		X - SEIZED R - RECOVERED OOT H - RETURNED TO OWNER V - VICTIM/THEFT/ATT THEFT		F - FAILED TO RETURN Y - STOLEN AND RECOVERED O - OTHER (ARSON/DAMAGE)		2. VEHICLE/VESSEL TYPE <input type="checkbox"/> 1. AUTO <input type="checkbox"/> 2. TRUCK/VAN <input type="checkbox"/> 3. MOTORCYCLE <input type="checkbox"/> 4. CAMPER/RV <input type="checkbox"/> 5. BUS <input type="checkbox"/> 6. TRAILER <input type="checkbox"/> 7. BOAT <input type="checkbox"/> 8. AIRCRAFT <input type="checkbox"/> 9. OTHER	
	3. VIN #		4. DECAL #		5. HOW WAS VIN ACQUIRED?		6. MAKE	
	7. MODEL		8. YR		9. BODY STYLE		10. LIC. #/TAG #/VESSEL REG.	
VEHICLE OR VESSEL	11. YR		12. STATE		13. VEHICLE COLOR TOP CODE COLOR RANGE 1. BLACK 2. DARK BLUE 3. LT. BLUE/AQUA/TURQUOISE 4. DARK BROWN 5. LT. BROWN/BRONZE/COPPER 6. PURPLE 7. DARK GREEN 8. LT. GREEN/LIME/OLIVE 9. GRAY/SILVER		14. SPECIAL VEHICLE FEATURES CODE FEATURE 1. LEVEL ALTERED 2. STICKER/DECAL ON BODY/BUMPER 3. STICKER/DECAL ON WINDOW 4. RUST OR PRIMER SPOTS 5. PAINTED INSCRIPTION ON BODY 6. DECORATIVE PAINT 7. MISSING PARTS 8. WINDOW BROKEN 9. DAMAGE TO FRONT	
	15. ADDITIONAL DESCRIPTION		16. TAG COMES BACK TO NAME, ADDRESS, STATE, ETC.		17. DOORS LOCKED <input type="checkbox"/> YES <input type="checkbox"/> NO		18. WINDOWS CLOSED <input type="checkbox"/> YES <input type="checkbox"/> NO	
	19. KEY IN IGNITION <input type="checkbox"/> YES <input type="checkbox"/> NO		20. FINANCED BY		21. DATE OF LAST PAYMENT		22. INSURANCE COMPANY	
RECOVERY	23. PERSON LAST DRIVING VEH.		24. R/S		25. DOB/AGE		26. RESIDENCE ADDRESS (ZIP)	
	27. BUSINESS ADDRESS (ZIP)		28. LOCATION OF RECOVERY OF MV		29. RECOVERY MILEAGE		30. EVIDENCE OF STAMPING <input type="checkbox"/> YES <input type="checkbox"/> NO	
	31. DISPOSITION OF VEHICLE		32. VEHICLE TONED BY / WHERE?		33. IF OOT RECOVERY - MSG. #		AUTHORITY	
PROPERTY	PROP. CODE S - STOLEN F - FOUND D - DAMAGE (INC. VALUE)		R - OOT RECOVERED P - PERSONAL H - RETURNED TO OWNER K - PHOTOS TAKEN PROPERTY RETURNED TO OWNER		E - EVIDENCE/SEIZED Y - STOLEN & REC. A - ARSON		1. PROPERTY RECEIPT #	
	2. PROP. CODE		3. PER/ SUS #		4. QUAN.		5. DESCRIPTION OF ARTICLE SERIAL #, MODEL, BRAND NAME, ETC.	
	6. VALUE		7. PROP. CODE		8. PER/ SUS #		9. QUAN.	
SCENE	1. ID REQUESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO		2. SCENE PROCESSED? <input type="checkbox"/> YES <input type="checkbox"/> NO		3. WAS PHYSICAL EVIDENCE OBTAINED FROM THE SCENE? <input type="checkbox"/> YES <input type="checkbox"/> NO		4. LATENTS <input type="checkbox"/> YES <input type="checkbox"/> NO	
	5. PHOTOS <input type="checkbox"/> YES <input type="checkbox"/> NO		6. EVIDENCE TO PROPERTY UNIT <input type="checkbox"/> YES <input type="checkbox"/> NO		7. ID TECHNICIAN PIN #		8. FIRST OFFICER ON SCENE PIN #	
	9. UNIT #		10. UNIT #		11. UNIT #		12. UNIT #	
DRUG INFO	1. DRUG ACTIVITY <input type="checkbox"/> N - N/A <input type="checkbox"/> B - BUY <input type="checkbox"/> D - DELIVER <input type="checkbox"/> E - USE		2. DRUG TYPE <input type="checkbox"/> N - N/A <input type="checkbox"/> A - AMPHETAMINE <input type="checkbox"/> B - BARBITURATE <input type="checkbox"/> C - COCAINE		3. DRUG ACTIVITY <input type="checkbox"/> K - DISPENSE/DISTRIBUTE <input type="checkbox"/> M - MANUFACTURE/PRODUCE/CULTIVATE <input type="checkbox"/> P - POSSESS		4. DRUG ACTIVITY <input type="checkbox"/> R - SMUGGLE <input type="checkbox"/> S - SELL <input type="checkbox"/> T - TRAFFIC <input type="checkbox"/> U - UNKNOWN <input type="checkbox"/> Z - OTHER	
	5. ACTIVITY		6. TYPE		7. DESCRIPTION		8. QUANTITY	
	9. TYPE		10. DESCRIPTION		11. QUANTITY		12. UNIT	
WEAPON	1. WEAPON TYPE USED 00. N/A 01. HANDGUN 02. RIFLE 03. SHOTGUN 04. FIREARM 05. KNIFE/CUTTING INST.		2. WEAPON FEATURES 1. CHROME/NICKEL 2. BLUE STEEL 3. AUTOMATIC 4. REVOLVER 5. SHORT BARREL 6. LONG BARREL		3. WEAPON TYPE USED 00. N/A 01. HANDGUN 02. RIFLE 03. SHOTGUN 04. FIREARM 05. KNIFE/CUTTING INST.		4. WEAPON FEATURES 1. CHROME/NICKEL 2. BLUE STEEL 3. AUTOMATIC 4. REVOLVER 5. SHORT BARREL 6. LONG BARREL	
	5. CALIBER/GAUGE		6. MAKE		7. SERIAL #		8. BARREL LENGTH	
	9. MODEL #		10. COLOR		11. TYPE OF GRIPS		12. BUTT	

CRIME AGAINST PROPERTY M.O.

AGENCY REPORT #

M.O. BURGLARY / THEFTS	1. ENTRY	EXIT	2. PROPERTY TARGETS	3. METHOD OF BREAKING	4. INSTRUMENT USED	5. PREMISES SECURED
	<input type="checkbox"/> 10. FRONT <input type="checkbox"/> 20. REAR <input type="checkbox"/> 30. SIDE <input type="checkbox"/> 1. DOOR <input type="checkbox"/> 2. WINDOW <input type="checkbox"/> 3. SLIDING DOOR <input type="checkbox"/> 4. DUCT/VENT <input type="checkbox"/> 5. ADJ. BUILDING <input type="checkbox"/> 6. ROOF <input type="checkbox"/> 7. WALL <input type="checkbox"/> 8. GARAGE DOOR <input type="checkbox"/> 99. OTHER/UNKNOWN	<input type="checkbox"/> 1. BUSINESS MACHINES <input type="checkbox"/> 2. BEER/LIQUOR <input type="checkbox"/> 3. CIGARETTES <input type="checkbox"/> 4. CKS./CHECK MACHINES <input type="checkbox"/> 5. CLOTHING <input type="checkbox"/> 6. ELECTRONICS <input type="checkbox"/> 7. FIREARMS <input type="checkbox"/> 8. FOOD <input type="checkbox"/> 9. JEWELRY <input type="checkbox"/> 10. TOOLS <input type="checkbox"/> 99. OTHERS	<input type="checkbox"/> 1. BREAK/CUT GLASS <input type="checkbox"/> 2. BREAK/REMOVE DOOR PANEL <input type="checkbox"/> 3. CUT/BREAK LOCK <input type="checkbox"/> 4. CHOPPED/SMASH <input type="checkbox"/> 5. CUT/BREAK SCREEN <input type="checkbox"/> 6. HID IN BUILDING <input type="checkbox"/> 7. KICK/PUSH <input type="checkbox"/> 8. PICK LOCK <input type="checkbox"/> 9. FRIED/JIMMIED <input type="checkbox"/> 10. REMOVE JALOUSIE <input type="checkbox"/> 11. REMOVE AIR COND./FAN <input type="checkbox"/> 12. REMOVE WINDOW/DOOR <input type="checkbox"/> 13. SMASH GLASS-TAKE MERCHANDISE <input type="checkbox"/> 14. UNLOCKED/NO FORCE <input type="checkbox"/> 99. OTHER	<input type="checkbox"/> 1. BOLT CUTTER <input type="checkbox"/> 2. BRICK/ROCK <input type="checkbox"/> 3. CHANNEL LOCKS/ VICE GRIPS <input type="checkbox"/> 4. CHOPPING TOOL <input type="checkbox"/> 5. CUTTING TOOL <input type="checkbox"/> 6. CUTTING TORCH <input type="checkbox"/> 7. FEET <input type="checkbox"/> 8. HAMMER <input type="checkbox"/> 9. KEY <input type="checkbox"/> 10. PRYING TOOL <input type="checkbox"/> 11. SAW/DRILL <input type="checkbox"/> 12. SCREW DRIVER <input type="checkbox"/> 13. TAPE <input type="checkbox"/> 14. VEHICLE <input type="checkbox"/> 99. OTHER	DATE: TIME: 6. TYPE OF PROTECTION <input type="checkbox"/> 1. LOCKS <input type="checkbox"/> 2. BARS <input type="checkbox"/> 3. SILENT ALARM <input type="checkbox"/> 4. AUDIBLE ALARM <input type="checkbox"/> 5. LISTENING DEVICE <input type="checkbox"/> 6. MOTION DETECTOR <input type="checkbox"/> 99. OTHER	
7. BURGLARY ELEMENTS	8. SUSPECT'S ACTIONS		9. CRIME SCENE INFO.			
<input type="checkbox"/> 1. ALARM INOPERATIVE <input type="checkbox"/> 2. BURGLARIZED DURING LAST 12 MONTHS <input type="checkbox"/> 3. ADMITTED STRANGER OR TRADESMAN DURING PAST 7 DAYS (RES. BURGLARY) <input type="checkbox"/> 4. TELEPHONE SURVEY, UNUSUAL CALLS, WRONG NUMBER, HANG-UPS DURING PAST 7 DAYS <input type="checkbox"/> 5. TENTED, UNDER CONSTRUCTION <input type="checkbox"/> 6. SAFE OPENED/ATTEMPTED <input type="checkbox"/> 99. OTHER	<input type="checkbox"/> 1. ATE/DROCK ON PREMISES <input type="checkbox"/> 2. BROKE INTO COIN OPERATED MACHINE <input type="checkbox"/> 3. BURGLARY NOT COMPLETED <input type="checkbox"/> 4. DEFEATED/ATTEMPTED TO DEFEAT ALARM <input type="checkbox"/> 5. DEFEATED <input type="checkbox"/> 6. DISTRACTED VICTIM <input type="checkbox"/> 7. IMPERSONATION <input type="checkbox"/> 8. KNEW LOCATION OF HIDDEN CASH <input type="checkbox"/> 9. LEFT TOOLS ON SCENE <input type="checkbox"/> 10. MALICIOUS DESTRUCTION <input type="checkbox"/> 11. NEATLY SEARCHED		<input type="checkbox"/> 12. PIGEON DROP <input type="checkbox"/> 13. RANSACKED ENTIRELY <input type="checkbox"/> 14. RANSACKED PORTION <input type="checkbox"/> 15. REMOVE PRINTS/WORE GLOVES <input type="checkbox"/> 16. TRICKERY <input type="checkbox"/> 17. TRIPPED ALARM AND RETURNED LATER <input type="checkbox"/> 18. TURNED LIGHTS OFF-ON <input type="checkbox"/> 19. USED TOOLS FOUND AT THE SCENE <input type="checkbox"/> 99. OTHER			
10. VICTIM WAS		11. CRIME SCENE INFO.				
<input type="checkbox"/> 1. HOME <input type="checkbox"/> 2. WORK <input type="checkbox"/> 3. VACATION <input type="checkbox"/> 4. GONE		<input type="checkbox"/> 1. REQUESTED <input type="checkbox"/> 2. YES <input type="checkbox"/> 3. NO <input type="checkbox"/> 4. IF NO EXPLAIN WHY <input type="checkbox"/> 5. SCENE WET <input type="checkbox"/> 6. ALREADY CLEANED BY VICTIM <input type="checkbox"/> 7. SURFACE NOT CONDUCTIVE TO PRINTS <input type="checkbox"/> 8. CONTAMINATION EXPLAIN IN NARR. <input type="checkbox"/> 9. OTHER				

CRIMES AGAINST PERSONS M.O.

M.O. RAPE / ROBBERY / HOMICIDE & ATTEMPTS	1. TELEPHONE	2. SUSPECTS ACTION (ROBBERY ONLY)	3. VICTIM IS (WAS)
	<input type="checkbox"/> 1. CALLED VICTIM (BEFORE/AFTER) <input type="checkbox"/> 2. PULLED OUT CORD <input type="checkbox"/> 3. SUSPECT USED VICTIM'S PHONE <input type="checkbox"/> 4. USED CORD TO TIE VICTIM <input type="checkbox"/> 99. OTHER	<input type="checkbox"/> 1. ASSAULTED VICTIM <input type="checkbox"/> 2. ASK FOR OR BUYS MERCHANDISE <input type="checkbox"/> 3. APOLOGETIC <input type="checkbox"/> 4. DEMANDED JEWELRY <input type="checkbox"/> 5. MADE THREATS <input type="checkbox"/> 6. OTHER THEFT INVOLVED <input type="checkbox"/> 7. PROSTITUTION INVOLVED <input type="checkbox"/> 8. PURSE SNATCHED	<input type="checkbox"/> 9. PUT MONEY IN BAG <input type="checkbox"/> 10. SEX ACT INVOLVED <input type="checkbox"/> 11. SHOTS FIRED <input type="checkbox"/> 12. USED LOOKOUT <input type="checkbox"/> 13. USED MASK <input type="checkbox"/> 14. USED NOTE <input type="checkbox"/> 15. USED STOLEN CAR <input type="checkbox"/> 99. OTHER
4. FORCED VICTIMS TO	5. FORCE USED ON VICTIMS		6. IMPERSONATED
<input type="checkbox"/> 1. DISROBE <input type="checkbox"/> 2. ENTER CAR TRUNK <input type="checkbox"/> 3. ENTER RESTROOM <input type="checkbox"/> 4. GET MONEY FROM BANK, FAMILY, ETC. <input type="checkbox"/> 5. GO TO ANOTHER LOCATION <input type="checkbox"/> 6. LIE DOWN <input type="checkbox"/> 7. OPEN SAFE <input type="checkbox"/> 8. PUT PROPERTY IN SACK <input type="checkbox"/> 9. REAR OF BUILDING	<input type="checkbox"/> 1. ABDUCTS <input type="checkbox"/> 2. BLINDFOLD VICTIM <input type="checkbox"/> 3. BOUND VICTIM <input type="checkbox"/> 4. BIT VICTIM <input type="checkbox"/> 5. COVERED VICTIM'S FACE <input type="checkbox"/> 6. CHOKED VICTIM		<input type="checkbox"/> 7. CUT/STABBED VICTIM <input type="checkbox"/> 8. GAG VICTIM <input type="checkbox"/> 9. HIT VICTIM <input type="checkbox"/> 10. SHOT VICTIM <input type="checkbox"/> 11. THREATS ONLY <input type="checkbox"/> 99. OTHER
7. SOLICITED, OFFERED	8. CHARACTERISTIC OF SUSPECT (SEX CRIMES ONLY)		9. RELATIVE
<input type="checkbox"/> 1. AID FOR CAR <input type="checkbox"/> 2. ASSISTANCE/INFORMATION <input type="checkbox"/> 3. CIGARETTE <input type="checkbox"/> 4. CON GAME <input type="checkbox"/> 5. DRUGS <input type="checkbox"/> 6. FOOD, DRINKS, CANDY	<input type="checkbox"/> 7. GIFT/PRIZE <input type="checkbox"/> 8. MONEY <input type="checkbox"/> 9. PROSTITUTION/SEX <input type="checkbox"/> 10. RIDE <input type="checkbox"/> 11. USE OF PHONE <input type="checkbox"/> 99. OTHER		<input type="checkbox"/> 1. ANAL SEX <input type="checkbox"/> 2. APOLOGETIC <input type="checkbox"/> 3. CHILD MOLEST <input type="checkbox"/> 4. EJACULATED <input type="checkbox"/> 5. FOUL LANGUAGE <input type="checkbox"/> 6. GENTLE <input type="checkbox"/> 7. MAKES THREATS
STATUS TYPE		10. UNUSUAL ODOR (BODY ODOR, SMELLED GOOD, ETC.)	
<input type="checkbox"/> 1. FORGED <input type="checkbox"/> 2. COUNTERFEIT <input type="checkbox"/> 3. FORGED AND UTTERED <input type="checkbox"/> 4. COUNTERFEITED AND UTTERED		<input type="checkbox"/> 8. ORAL SEX <input type="checkbox"/> 9. MASTURBATED <input type="checkbox"/> 10. RAPED MORE THAN ONCE <input type="checkbox"/> 11. RIPPED/CUT CLOTHES <input type="checkbox"/> 12. UNABLE TO ACHIEVE ERECTION	
TYPE		13. USED LUBRICANT	
<input type="checkbox"/> 1. CHECK <input type="checkbox"/> 2. CREDIT CARD		<input type="checkbox"/> 14. USED VICTIM'S NAME <input type="checkbox"/> 15. VIOLENT <input type="checkbox"/> 99. OTHER	
CHECK		CRIME SCENE SPECIFICS	
1. CHECK NO.	2. AMOUNT	1. CAN OFFENDER BE IDENTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
3. CHECK PAYABLE TO	4. DATE OF DOCUMENT	2. OWNER OF CHECK NOTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NAME	
5. BANK DRAWN ON	6. SIGNATURE ON FACE (MAKER)	3. THEFT VERIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, CASE NUMBER	
7. ACCOUNT NUMBER	8. OWNER OF CHECK (PERSON OR COMPANY)	4. WAS OFFENDER ENDORSEMENT OBSERVED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TYPE OF IDENTIFICATION USED		5. WAS OFFENDER(S) PHOTOGRAPHED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
9. DRIVERS LICENSE #	10. STATE	6. FORGERY AFFIDAVIT OBTAINED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
11. OTHER I.D. (DESCRIBE. INCLUDE #S, PHOTO I.D., ETC.)		7. HAVE THE ORIGINAL DOCUMENTS BEEN PROTECTED FOR EVIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE?	
CREDIT CARDS		12. COMPANY NAME	
13. CARD NUMBER		14. ISSUED TO	
15. Pg		Pg	

WORTHLESS DOCUMENTS

Additional offense:

offense #3: Assault on LEO: 784.07

offense #4: Disorderly on premises of Establishment: 509.143-2

OFFICER ASSAULTED / KILLED

1. INCIDENT TYPE <input type="checkbox"/> 1. OFFICER KILLED FELONIOUS <input type="checkbox"/> 2. OFFICER KILLED ACCIDENT OR NEGLIGENCE <input checked="" type="checkbox"/> 3. OFFICER ASSAULTED, NO INJURY <input type="checkbox"/> 4. OFFICER ASSAULTED, MINOR INJURY <input type="checkbox"/> 5. OFFICER ASSAULTED, SERIOUS INJURY		2. OFFICER ACTIVITY <input type="checkbox"/> 1. RESPONDING TO DISTURBANCE <input type="checkbox"/> 2. BREAKING AND ENTERING IN PROGRESS OR PURSUING B AND E SUSPECT <input type="checkbox"/> 3. ROBBERY IN PROGRESS OR PURSUING ROBBERY SUSPECT <input checked="" type="checkbox"/> 4. ATTEMPTING OTHER ARREST <input type="checkbox"/> 5. CIVIL DISORDER <input type="checkbox"/> 6. DOMESTIC DISTURBANCE <input type="checkbox"/> 7. HANDLING, TRANSPORTING, CUSTODY OF PRISONERS <input type="checkbox"/> 8. INVESTIGATING SUSPICIOUS PERSONS OR CIRCUMSTANCES <input type="checkbox"/> 9. AMBUSH, NO WARNING <input type="checkbox"/> 10. ASSAILANT MENTALLY DERANGED <input type="checkbox"/> 11. TRAFFIC PURSUIT OR STOP <input type="checkbox"/> 99. OTHER	
3. TYPE OF ASSIGNMENT <input checked="" type="checkbox"/> 1. ONE PERSON VEHICLE, ALONE <input type="checkbox"/> 2. ONE PERSON VEHICLE, ASSISTED <input type="checkbox"/> 3. TWO PERSON VEHICLE <input type="checkbox"/> 4. DETECTIVE OR SPECIAL ASSIGNMENT, ALONE		<input type="checkbox"/> 5. DETECTIVE OR SPECIAL ASSIGNMENT, ASSISTED <input type="checkbox"/> 6. TRAFFIC/MOTORCYCLE OFFICER <input type="checkbox"/> 7. OTHER, ALONE <input type="checkbox"/> 8. OTHER, ASSISTED	
5. WAS OFFENDER INJURED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. EXTENT OF INJURIES TO OFFENDER <input type="checkbox"/> 00. N/A <input type="checkbox"/> 02. MODERATE <input type="checkbox"/> 04. FATAL <input checked="" type="checkbox"/> 01. MINOR <input type="checkbox"/> 03. SERIOUS		4. (ANSWER ALL QUESTIONS) WAS OFFICER WEARING BODY ARMOR? Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/> N/A DID ARMOR PREVENT SERIOUS INJURY OR FATALITY? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/> N/A WAS OFFICER AWARE OFFENDER HAD WEAPON? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/> N/A DID OFFENDER USE OFFICER'S WEAPON? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/> N/A WAS A FIREARM DISCHARGED BY OFFENDER? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/> N/A DISTANCE FROM OFFICER IN FEET (ESTIMATE) _____ WAS A FIREARM DISCHARGED BY THE OFFICER? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/> N/A	
6. OFFICER EXPERIENCE (IN YEARS) _____ AGE 27		7. OFFICER ASSAULTED BY OFFENDER/SUSPECT # _____	
1. Officer Reporting (Print and Sign) OFC. C. Borretti <i>[Signature]</i>		2. ID Number(s) 4057	
3. Officer Reviewing (If Applicable) SGT. B. VAZQUEZ <i>[Signature]</i>		3. Unit KLPD	
4. Date 10/18/2020		4. Date 10/18/2020	
5. ID Number 3467		6. Routed To	
7. Referred To		8. Assigned To	
9. By		10. Date 10-18-20	
11. Pg.		12. Pg.	

On 10/19/2020, around 23:10 hours, I (Ofc. Bozzetti) and Ofc. Ham responded to the corner of Caroline St. and Duval St, in reference to a battery.

On arrival, a female, later identified as Julie Muratore, ran up to us, pointed at a male in a teal shirt, and stated he just battered her husband. I approached the male, later identified as Jason Grube, and had him sit down on a bench. I asked the man what happened. He immediately became uncooperative and confrontational with me. I asked Grube for his Drivers License. He would not provide it and stated he was going home. I explained to him that he was being detained and would not be going home until after our investigation was over. I asked many more times for a form of identification, yet, he continued to argue with me and would not provide it. At one point, after asking Grube for his DL he said to me, "you want to fucking go?". He later said to me, "you want me to kick your ass!"

Ofc. Ham approached Grube and explained that the victim of the battery, later identified as Vincent Muratore, stated Grube did hit him. Grube pointed to Vincent and said, "I will fucking knock that dude out". I continuously explained to Grube that failure to provide identification to us would result in him going to jail. After multiple efforts to obtain some form of identification, I told Grube to turn around and put his hands behind his back. I grabbed Grube's right arm and he immediately tensed up and started resisting. Ofc. Ham and I each had one of his arms and escorted him to the hood of a patrol car to gain control of him. Sgt. Kouri and Ofc. Ham gave Grube multiple commands to stop resisting. Grube continued to resist and began donkey kicking me. Sgt. Kouri, Ofc. Ham, and I took Grube to the ground in a controlled manor. After a brief struggle, I placed Grube into handcuffs and sat him on the curb. Grube suffered small abrasions to his face during the takedown. KWFD responded and treated Grube's minor injuries.

There were two witnesses to the takedown. Nicholas Bridges and Alison Bridges both saw the takedown. Nicholas told me that he saw Grube kicking me.

Ofc. Waite was also on scene and spoke with Vincent and Julie about the battery. Ofc. Waite advised me that Julie and Vincent were having some drinks at a nearby bar, when they saw Grube disrupting a group of ladies. Vincent asked Grube to leave the ladies alone. Vincent went to the bathroom. While using the restroom Vincent was hit in the back of the head. Vincent turned around and Grube punched him in the face again. Ofc. Waite advised me that Julie and Vincent both stated this incident disrupted the peace of their night. Vincent also stated he did want to press charges for battery. Julie and Vincent both provided official written statements.

Julie's statement is as follows:

"There was a man who was disrupting a group of ladies. He kept annoying them for well over an hour. One of the ladies actually asked us to help them get rid of him. My husband, Vincent Muratore, asked him to leave the ladies alone. He wasn't happy about our request to leave the ladies alone. Vince went to the restroom and then the 'perp' got in my face and said that he was going to "fuck" my husband up. That's when I grabbed an employee of the bar and called yall. This guy had malicious intent and is pretty much evil!"

Vincent's statement is as follows: Attacked in the bathroom while going to the bathroom. Hit in the back of the head.

I transported Grube to MCDC.

Since Grube committed such acts as are of a nature to corrupt the public morals, or outrage the sense of public decency, or affect the peace and quiet of persons who may witness them, and was on the premises of an establishment when these acts were committed, he is in violation of F.S.S. 509.143-2.

Since Grube actually and intentionally struck another person against their will he was in violation of F.S.S. 784.03.

Since Grube knowingly and willfully resisted, obstructed or opposed a law enforcement officer, in the lawful execution of a legal duty, by offering or doing violence to the person of such officer, he was in violation of F.S.S. 843.01.

Since Grube made an intentional, unlawful threat by word or act to do violence to a law enforcement officer, coupled with the apparent ability to do so, and created a well-founded fear that such violence is imminent, he is in violation of F.S.S. 784.07.

My BWC and in-car COBAN were activated during this incident.

Case status, cleared by arrest.