

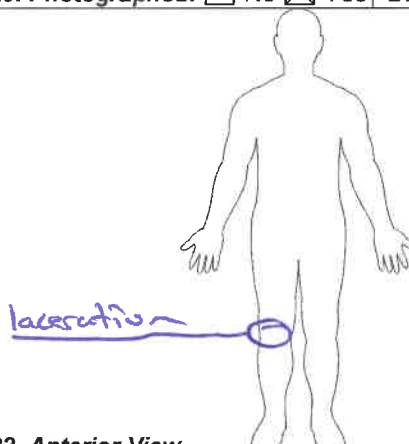
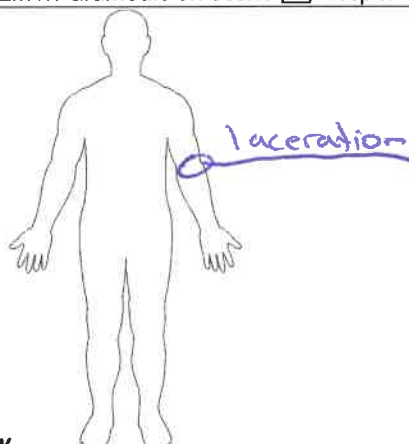
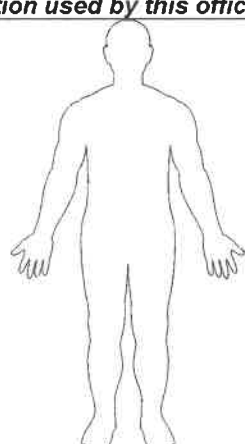
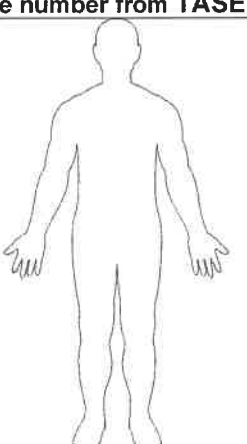
Response to Resistance Report

Key West Police Department

Case No: 21.0335

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: 01.20.21	3. Time: 2215	4. Location: 214 Duval St	5. Incident type: S36B
	6. Resistance Level	7. Explanation	8. Response Option	9. Explanation
	<input type="checkbox"/> Passive:		<input checked="" type="checkbox"/> Physical Control	Take down
	<input type="checkbox"/> Active:		<input type="checkbox"/> Non-lethal Weapon	
SUBJECT	<input checked="" type="checkbox"/> Aggressive:	Grabbed officer by the head	<input type="checkbox"/> Deadly Force	
	<input type="checkbox"/> Deadly Force:			
	10. Last Name: Summers	11. First: Matthew	12. Race: W	13. Sex: M
	14. DOB: 06.25.83	15. Height: 6.00	16. Weight: 210	
	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 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 type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Detention			
	22. Anterior View		Posterior View	
				
OFFICER	23. Officer: Denis Agleev 24. Race: W 25. Sex: M 26. Age: 37 27. Height: 5.06 28. Weight: 170			
	29. Duty Status: <input type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input checked="" type="checkbox"/> Extra duty employment <input checked="" type="checkbox"/> Uniformed <input type="checkbox"/> Plain clothes 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 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		
				

Response to Resistance Report (continued)

Key West Police Department

Case No:

21-0335
Error! Reference source
not found. 265

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: 01.20.21		
	41. Time: 2215		
	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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "Yes," list below)		
	Failure of the primary officer and back up officer to have their BWC's buffering prior to the incident.		
	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
	Laurie Skinner	1300 White St KW, FL 33040 (Code Enforcement)	
	Roy Owens	1300 White St KW, FL 33040 (Code Enforcement)	
	47. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS			
48. Preparing Supervisor's Signature / ID		01.21.21	
		49. Date	
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 checked="" type="checkbox"/> Yes If "No", complete section 51		
	51. Signature of Internal Affairs Inspector		
	52. Date		
53. If section 48 is "No" record the Professional Standards Control Number:		54. Date Entered:	

CASE SUPPLEMENTAL REPORT

Printed: 01/21/2021 02:59

*NOT SUPERVISOR APPROVED*OCA: **21000335**

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

Investigator: *ROSCOE, RAYMOND (4011)*Date / Time: *01/21/2021 02:51:19, Thursday*Supervisor: *(0)*Supervisor Review Date / Time: *NOT REVIEWED*

Contact:

Reference: *Transport Of Suspect*

On 01/20/2021 at approximately 2214, I was dispatched to 214 Duval St for a battery call.

When I arrived Ofc. Agleev and Ofc. Hernandez had Matthew Summers handcuffed on the ground. Summers was yelling and resisting both officers.

Ofc. Agleev and Ofc. Hernandez escorted Summers to my patrol car. He was searched and placed into the back of my patrol car.

I transported Summers to the MCDC without incident.

My BWC and in car Coban recorded the above interaction.

Nothing further at this time.

Investigator Signature: _____

		INCIDENT/INVESTIGATION REPORT						Case# 21-000335		
		Agency Name Key West Police Department		ORI FL0440100		Date / Time Reported 01/20/2021 22:14 Wed		Last Known Secure 01/20/2021 22:14 Wed		
INCIDENT DATA	Location of Incident 214 DUVAL ST, Key West FL 33040-			Premise Type Highway / Street / Road/		Beat/GP B1, GPB1		At Found 01/20/2021 22:14 Wed		
	#1	Crime Incident(s) Battery SCA		(Com)	Weapon / Tools HANDS, FIST, FEET			Activity		
		Entry			Exit		Security			
	#2	Crime Incident Obstruction Of Justice XOX		(Com)	Weapon / Tools			Activity		
		Entry			Exit		Security			
	#3	Crime Incident		()	Weapon / Tools			Activity		
	Entry			Exit		Security				
MO										
VICTIM	# of Victims		2		Type: SOCIETY/PUBLIC/STATE		Injury:		Domestic: N	
	V1	Victim/Business Name (Last, First, Middle) Society			Victim of Crime # 2	DOB Age	Race	Sex	Relationship To Offender	Resident Status N/A
	Home Address								Home Phone	
	Employer Name/Address						Business Phone		Mobile Phone	
	VYR	Make	Model	Style	Color	Lic/Lis	VIN			
	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim) Type: LAW ENFORCEMENT (LEO) Injury: None									
OTHERS INVOLVED	Code	Name (Last, First, Middle) V2 AGLEEV, DENIS			Victim of Crime # 1,	DOB Age 37	Race W	Sex M	Relationship To Offender ST	Resident Status Resident
	Home Address 1604 N ROOSEVELT BLVD KEY WEST, FL 33040								Home Phone 305-809-1000	
	Employer Name/Address KWPd, 1604 N ROOSEVELT BLVD (OFFICER)						Business Phone 305-809-1000		Mobile Phone	
	Type:				Injury:					
	Code	Name (Last, First, Middle)			Victim of Crime #	DOB Age	Race	Sex	Relationship To Offender	Resident 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
	35	EVID		\$0.00		2	BWC 4007		AXON/Bwc	
	99	EVID		\$0.00		6	PHOTOS OF INJURIES		AXON/Capture	
Officer/ID# AGLEEV, DENIS (4007)										
Invest ID# (0)					Supervisor (0)					
Status	Complainant Signature			Case Status Cleared By Arrest		01/21/2021		Case Disposition: Cleared By Arrest		01/21/2021
Page 1										

INCIDENT/INVESTIGATION REPORT

Key West Police Department

Case # 21-000335

Status Codes L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found

D R U G S	UCR	Status	Quantity	Type Measure	Suspected Type	Up to 3 types of activity

Assisting Officers

SIMS, F.C. (2301), HERNANDEZ, L. (3452), ROSCOE, R. (4011)

Suspect Hate / Bias Motivated:

NARRATIVE

REPORTING OFFICER NARRATIVE*Key West Police Department*

OCA

21-000335

Victim

Society

Offense

BATTERY

Date / Time Reported

Wed 01/20/2021 22:14

On January 20, 2021 at approximately 2200 hours I, Officer Agleev, was in front of 214 Duval Street, reference Covid-19 mask patrol.

I observed a white male, later identified as Matthew Summers, passing by. Summers stopped in front of myself and Officer L. Hernandez and started loudly addressing us. Summers ignored our verbal commands to move along. At some point when Summers' face mask slid down, I advised him to pull it up. Summers reached out with his arm and grabbed my head. At that point I grabbed Summers' arm. Summers tried to pull away, while pushing me with his other hand. I moved Summers' arm behind his back and redirected him to the ground in controlled manner. On the ground Summers continued tensing up and rotating his body. Officer Hernandez helped me to handcuff Summers. Officer Hernandez and I transported Summers to Officer R. Roscoe's vehicle, who responded to the scene by that time. Officer Roscoe searched Summers incident to arrest and placed him in his patrol vehicle. While transporting Summers to the patrol vehicle, I noticed on Summers shoulder red substance, which appeared to be blood. There were traces of what appeared to be blood on my hands as well. After securing Summers in the patrol vehicle, I disinfected my hands and forearms by generously applying disinfecting solution, provided by Officer Hernandez.

Sergeant C. Sims responded to the scene and talked to Summers.

During the entire encounter, Summers refused to provide his name. I heard him yelling "Matthew ..." something. Yet when multiple officers asked him about his name, Summers refused to identify himself.

I sent a photo of the arrestee to Officer Wynn, who responded saying his name might be Matthew Summers. I confirmed the identity of Summers via RMS and DAVID.

Officer Roscoe transported Summers to the Monroe County Detention Center. MCDC deputies and I checked Summers for injuries. Summers had a laceration on his right knee and another laceration on his right elbow. I took several pictures of Summers' injuries using my Axon Capture App, which I uploaded to Axon Evidence.

Based on the facts and evidence I believe there is probable cause that Matthew Summers on 01/20/2021 did violate F.S.S. 784.07, when he knowingly and intentionally grabbed my head, while I was in my KWPd class B road patrol uniform and in the lawful execution of my legal duty.

Based on the facts and evidence I believe there is probable cause that Matthew Summers on 01/20/2021 did refuse to identify himself to me while I was in the lawful execution of my legal duty, violation of F.S.S. 843.02, Resisting an Officer Without Violence.

My BWC was activated and uploaded to Axon Evidence.

Incident Report Suspect List

Key West Police Department

OCA: 21-000335

1	Name (Last, First, Middle) <i>SUMMERS, MATTHEW W</i>					Also Known As					Home Address <i>5537 COLLEGE RD KEY WEST, FL 33040</i>																																													
	Business Address <i>NONE, NONE</i>																																																							
	DOB <i>06/25/1983</i>	Age <i>37</i>	Race <i>W</i>	Sex <i>M</i>	Eth <i>N</i>	Hgt <i>600</i>	Wgt <i>210</i>	Hair <i>RED</i>	Eye <i>BLU</i>	Skin <i>LGT</i>	Driver's License / State. <i>S56255983180 IL</i>																																													
	Scars, Marks, Tattoos, or other distinguishing features																																																							
<table border="1"> <tr> <td colspan="2">Reported Suspect Detail</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 Mode of Travel</td> </tr> <tr> <td colspan="4">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> </tr> </table>															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		
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