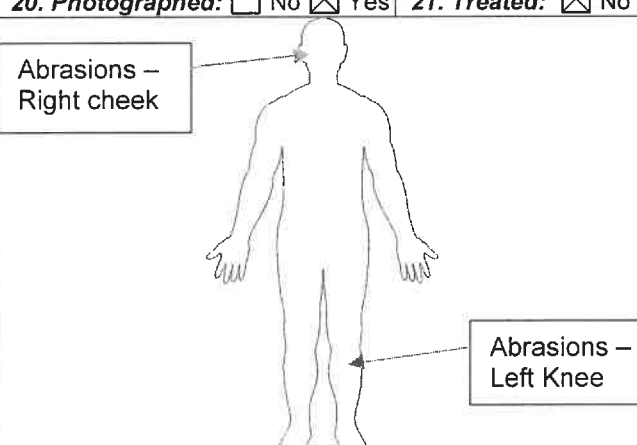
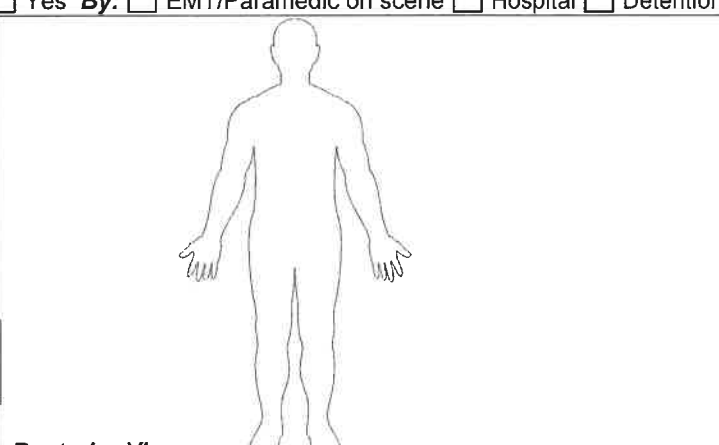
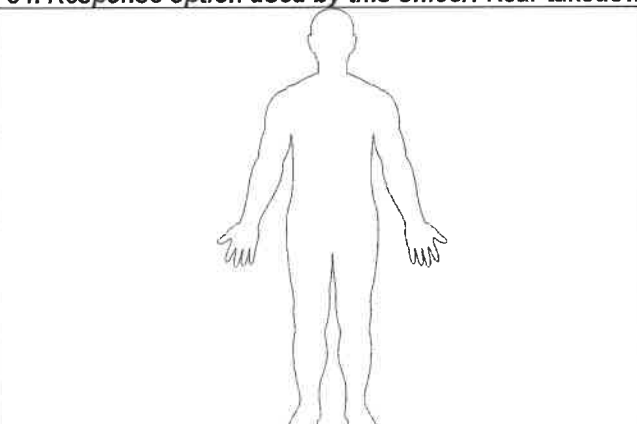
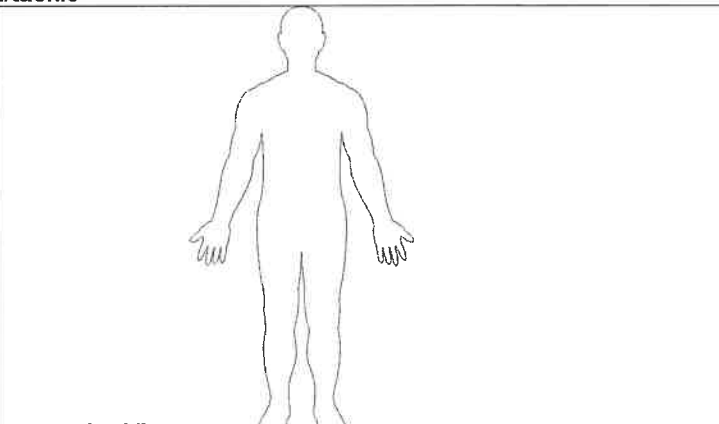


# Response to Resistance Report

Key West Police Department

Case No: 24-1589

<b>1. A Response to Resistance Report will be completed by the supervisor for:</b> (Check all that apply)																					
<input type="checkbox"/> A response through the use of non-lethal weapons, <input checked="" type="checkbox"/> Applies weaponless physical force of strikes, kicks, or "take-downs" <input type="checkbox"/> When any person sustains an apparent substantial or fatal injury as a result of the application of force <input checked="" type="checkbox"/> When any person complains of injury as a result of the application of force <input type="checkbox"/> Discharge of firearm in the line of duty off-duty or on-duty (other than for training, maintenance or ballistics testing)																					
INCIDENT	<b>2. Date:</b> 03/19/2023 <b>3. Time:</b> 1945 <b>4. Location:</b> 1500 blk Petronia St <b>5. Incident type:</b> Lodging/Resisting																				
	<table style="width:100%; border: none;"> <tr> <td style="width: 25%; border: none;"><b>6. Resistance Level</b></td> <td style="width: 25%; border: none;"><b>7. Explanation</b></td> <td style="width: 25%; border: none;"><b>8. Response Option</b></td> <td style="width: 25%; border: none;"><b>9. Explanation</b></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Passive:</td> <td style="border: none;"><u>Ignoring verbal commands</u></td> <td style="border: none;"><input checked="" type="checkbox"/> Physical Control</td> <td style="border: none;"><u>Takedown</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Active:</td> <td style="border: none;"><u>Pulling away</u></td> <td style="border: none;"><input type="checkbox"/> Non-lethal Weapon</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Aggressive:</td> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Deadly Force</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Deadly Force:</td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table>	<b>6. Resistance Level</b>	<b>7. Explanation</b>	<b>8. Response Option</b>	<b>9. Explanation</b>	<input checked="" type="checkbox"/> Passive:	<u>Ignoring verbal commands</u>	<input checked="" type="checkbox"/> Physical Control	<u>Takedown</u>	<input checked="" type="checkbox"/> Active:	<u>Pulling away</u>	<input type="checkbox"/> Non-lethal Weapon		<input type="checkbox"/> Aggressive:		<input type="checkbox"/> Deadly Force		<input type="checkbox"/> Deadly Force:			
	<b>6. Resistance Level</b>	<b>7. Explanation</b>	<b>8. Response Option</b>	<b>9. Explanation</b>																	
	<input checked="" type="checkbox"/> Passive:	<u>Ignoring verbal commands</u>	<input checked="" type="checkbox"/> Physical Control	<u>Takedown</u>																	
<input checked="" type="checkbox"/> Active:	<u>Pulling away</u>	<input type="checkbox"/> Non-lethal Weapon																			
<input type="checkbox"/> Aggressive:		<input type="checkbox"/> Deadly Force																			
<input type="checkbox"/> Deadly Force:																					
<b>10. Last Name:</b> Varner <b>11. First:</b> James <b>12. Race:</b> B <b>13. Sex:</b> M <b>14. DOB:</b> 08/10/1970 <b>15. Height:</b> 6'01" <b>16. Weight:</b> 200																					
<b>17. Did you observe the subject:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes      If NO, explain why in Section 42. If "YES", complete sections 18-22 <b>18. Appeared to be:</b> <input type="checkbox"/> Intoxicated <input type="checkbox"/> Under the influence of controlled substance <input type="checkbox"/> Emotionally / mentally disturbed <b>19. Injuries:</b> <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 ) <b>20. Photographed:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <b>21. Treated:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>By:</b> <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital <input type="checkbox"/> Detention																					
SUBJECT	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">  <p style="font-size: small;">Abrasions – Right cheek</p> <p style="font-size: small;">Abrasions – Left Knee</p> </div> <div style="width: 45%;">  </div> </div>																				
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;"> <p><b>22. Anterior View</b></p> </div> <div style="width: 45%; text-align: center;"> <p><b>Posterior View</b></p> </div> </div>																				
OFFICER	<b>23. Officer:</b> Erik Roberts <b>24. Race:</b> W <b>25. Sex:</b> M <b>26. Age:</b> 39 <b>27. Height:</b> 6'01 <b>28. Weight:</b> 300																				
	<b>29. Duty Status:</b> <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 <b>30. Yrs Exp:</b> 2.5																				
	<b>31. Injuries:</b> <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) <b>32. Photographed:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>33. Treated:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>By:</b> <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital																				
	<b>34. Response option used by this officer:</b> Rear takedown/tackle																				
OFFICER																					
																					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;"> <p><b>35. Anterior View</b></p> </div> <div style="width: 45%; text-align: center;"> <p><b>Posterior View</b></p> </div> </div>																					

# Response to Resistance Report (continued)

Key West Police Department

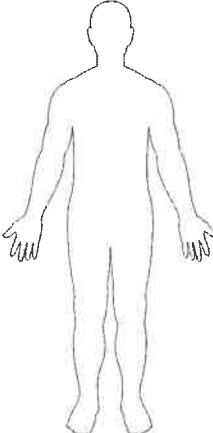
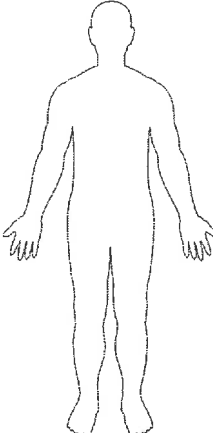
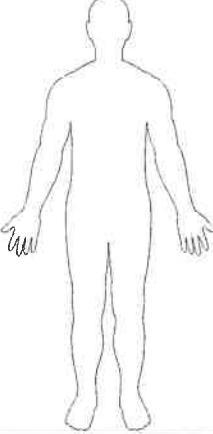
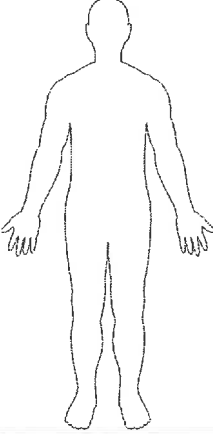
Case No: 24-1589

<b>TASER USE ONLY</b>	<b>36. TASER® device serial #</b>		<b>37. TASER® device serial #</b>		
	Battery serial #		Battery serial #		
	Cartridge 1 serial #1	serial #2	Cartridge 1 serial #1	serial #2	
	Cartridge 2 serial #3	serial # 4	Cartridge 2 serial # 3	serial #4	
	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:		Device downloaded by:			
<input type="checkbox"/> <b>38. Check and list any additional TASER® devices, cartridges or details in the incident description section.</b>					
<b>REPORT</b>	<b>39. Offense/Incident Report and/or Warrant Affidavit must include:</b>				
	<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.					
<b>SUPERVISOR'S INQUIRY</b>	<b>40. Notified Date:</b> 03/19/2024		<b>41. Time:</b> 7:45 PM		
	<b>42. Did you respond to the scene:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)				
	<b>43. Did you watch all relevant videos associated with the use of force?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)				
	<b>44. Did you meet with the Officer(s):</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)				
	<b>45. During your review did you find any potential policy violations or training issues associated with the incident?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," list below)				
	<b>46. Were you able to locate any independent witnesses:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "Yes," list below)				
	Name		Address		Phone Number
	Brandon Knowles		2205 Flagler Avenue, Key West, FL 33040		305-304-6075
<u>Sgt Karl Malsheimer</u>		<u>[Signature]</u> <u>3388</u>		03/19/2024	
47. Preparing Supervisor / Printed Name		48. Preparing Supervisor / Signature / ID		49. Date	
<b>INT. AFF.</b>	<b>50. Did the review of this incident conclude that use of force was in compliance with Departmental policy?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		<u>[Signature]</u>		
			51. Signature of Internal Affairs Inspector		
				52. Date <u>4/3/24</u>	

# Response to Resistance Report (continued)

Key West Police Department

Case No: 24-1589

<b>OFFICER</b>	<b>23. Officer:</b> Sean Davis <b>24. Race:</b> B <b>25. Sex:</b> M <b>26. Age:</b> 34 <b>27. Height:</b> 6'01" <b>28. Weight:</b> 270	
	<b>29. Duty Status:</b> <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 <b>30. Yrs Exp:</b> 0.5	
	<b>31. Injuries:</b> <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)	
	<b>32. Photographed:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>33. Treated:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>By:</b> <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital	
	<b>34. Response option used by this officer:</b> Assisted in takedown, joint manipulation	
 <p><b>35. Anterior View</b></p>	 <p><b>Posterior View</b></p>	
<b>OFFICER</b>	<b>23. Officer:</b> <b>24. Race:</b> <b>25. Sex:</b> <b>26. Age:</b> <b>27. Height:</b> <b>28. Weight:</b>	
	<b>29. Duty Status:</b> <input type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment <input type="checkbox"/> Uniformed <input type="checkbox"/> Plain <b>30. Yrs Exp:</b>	
	<b>31. Injuries:</b> <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)	
	<b>32. Photographed:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>33. Treated:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>By:</b> <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital	
	<b>34. Response option used by this officer:</b> (If <b>TASER®</b> , also reference line number from <b>TASER®</b> section)	
 <p><b>35. Anterior View</b></p>	 <p><b>Posterior View</b></p>	

# INCIDENT/INVESTIGATION REPORT

I N C I D E N T  D A T A	Agency Name <i>Key West Police Department</i>		Case# <i>24-001589</i>			
	ORI <i>FL0440100</i>		Date / Time Reported <i>03/19/2024 19:35 Tue</i>			
	Location of Incident <i>1510 PETRONIA ST, Key West FL 33040</i>		Gang Relat <i>NO</i>	Premise Type <i>Highway/road/alley/st</i>	Beat/GP <i>B3, GPB3</i>	Last Known Secure <i>03/19/2024 19:35 Tue</i>
			At Found <i>03/19/2024 19:35 Tue</i>			
	#1	Crime Incident(s) <i>Resist Arrest / Escape XOM</i>	(Com)	Weapon / Tools		Activity
				Entry	Exit	Security
	#2	Crime Incident	( )	Weapon / Tools		Activity
				Entry	Exit	Security
	#3	Crime Incident	( )	Weapon / Tools		Activity
				Entry	Exit	Security

M     V I C T I M	MO		# of Victims <i>1</i>		Type: <i>SOCIETY/PUBLIC/STATE</i>	Injury:		Domestic: <i>N</i>				
	V1		Victim/Business Name (Last, First, Middle) <i>Society</i>			Victim of Crime #	DOB	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
						Age					<i>N/A</i>	
	Home Address					Email			Home Phone			
	Employer Name/Address						Business Phone		Mobile Phone			
	VYR	Make	Model	Style	Color	Lic/Lis	VIN					

O T H E R S  I N V O L V E D	CODES: V- Victim (Denote V2, V3) WI = Witness IO = Involved Other RP = Reporting Person (if other than victim)										
	Type:		Injury:								
	Code	Name (Last, First, Middle)			Victim of Crime #	DOB	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
						Age					
	Home Address					Email			Home Phone		
	Employer Name/Address						Business Phone		Mobile Phone		
Type:		Injury:									
Code	Name (Last, First, Middle)			Victim of Crime #	DOB	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status	
					Age						
Home Address					Email			Home Phone			
Employer Name/Address						Business Phone		Mobile Phone			

P R O P E R T Y	1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown ("OJ" = Recovered for Other Jurisdiction)											
	VI #	Code	Status Frm/Tc	Value	OJ	QTY	Property Description			Make/Model	Serial Number	
		<i>27</i>	<i>EVID</i>	<i>\$0.00</i>		<i>1</i>	<i>AXON BWC 4270</i>			<i>AXON/Bwc</i>		
		<i>27</i>	<i>EVID</i>	<i>\$0.00</i>		<i>1</i>	<i>AXON IN CAR</i>			<i>AXON/in Car</i>		
Officer/ID#		<i>DAVIS, SEAN (4270)</i>										
Invest ID#		<i>(0)</i>			Supervisor			<i>MALSHEIMER, KARL ERIC Jr (3388)</i>				
Status	Complainant Signature				Case Status <i>Cleared By Arrest</i>			<i>03/19/2024</i>		Case Disposition:		Page 1

# INCIDENT/INVESTIGATION REPORT

Key West Police Department

Case # 24-001589

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

*MALSHEIMER, K.E. (3388), BOUVIER, K. (3356), HANSELL, M. (3648), RODRIGUEZ, A. (3465), ROBERTS, E. (4194)*

Suspect Hate / Bias Motivated:

## INCIDENT/INVESTIGATION REPORT

Narr. (cont.) OCA: 24-001589

*Key West Police Department*

NARRATIVE

## REPORTING OFFICER NARRATIVE

Key West Police Department

OCA

24-001589

Victim

Society

Offense

RESIST ARREST / ESCAPE

Date / Time Reported

Tue 03/19/2024 19:35

-- James G Varner Arrest Narrative:

On March 19, 2024, at approximately 1935 hrs, I (Officer S. Davis) was dispatched to the 1500 block of Petronia St. regarding a suspicious vehicle (a black Ford van). While en route, KRPD communications informed me that the Parking enforcement Officer found the vehicle, and the subject inside was yelling, "Just arrest me," when informed he could not sleep in his vehicle within City limits.

Upon arrival, I noticed a black Ford Flex bearing license plate number 87AXRV FL parked in front of 1510 Petroina St. As I approached the vehicle, I noticed all the back windows were covered, making it impossible to see who or what was inside.

I utilized my flashlight to get a better visual and heard a man, later identified as James G. Varner, shouting from inside. Varner was very upset that I had shined my flashlight inside the vehicle. Varner, while still in the back of the vehicle, yelled that he needed to put his pants on. Varner climbed into the front seat and opened the driver's side door while continuing to yell. I tried to explain why I was there, but Varner became extremely belligerent.

I asked Varner several times to provide identification, to which he replied, "Let me put on my shoes!" Varner kept reaching into the back of the car and the passenger-side floorboard. Officer E. Roberts and I gave Varner multiple commands to exit the vehicle, which he passively resisted. As Officer E. Roberts and I tried to remove Varner from the vehicle, Varner began to actively resist by holding onto the steering wheel and tensing his body, preventing us from removing him from the vehicle.

Varner was eventually removed from the vehicle and continued to resist by tensing his arms and pulling away when ordered to put his hands behind his back. Officer E. Roberts took control of Varner's right arm, while I took control of his left arm. Varner continued to pull away from our custodial grasp and attempt to put his arms in front of his body to avoid being handcuffed. Varner, was redirected to the ground by Officer E. Roberts (see Officer E. Roberts supplemental report) where he continued active physical resistance. Varner was taken into custody, searched, and placed in the recovery position.

I tried to explain to Varner that he was violating a city ordinance by lodging in his vehicle. Varner, while still belligerent, explained that he was sleeping in the vehicle and that I was wrong for shining my flashlight into his face.

At this time, Officer K. Bouvier, K9 Officer M. Hansell, Sergeant A. Rodriguez, and Sergeant K. Malsheimer arrived on the scene to assist.

Officer K. Bouvier and Sergeant A. Rodriguez searched Varner again and placed Varner into my patrol vehicle.

Varner's vehicle was subsequently searched, where clothes, a sleeping mat, and jars full of urine were recovered. The windows were blocked with solid black material to prevent sunlight from entering the vehicle. Varner's vehicle was locked and secured on the scene. Varner self-admittedly stated that he had been lodging in the vehicle and intended to do so for the rest of the night.

Varner was transported to the Monroe County Detention Center.

Due to the above stated facts and evidence, I find probable cause that James Varner did willingly and knowingly resist, obstruct or oppose an officer legally authorized to execute process in the execution of legal process or in the lawful execution of any legal duty, without offering or doing violence to the officer by offering passive resistance to commands and active physical resistance to being restrained in hand-cuffs contrary to FS 843.02 - Resisting without

**REPORTING OFFICER NARRATIVE**

*Key West Police Department*

OCA <i>24-001589</i>
Date / Time Reported <i>Tue 03/19/2024 19:35</i>

Victim <i>Society</i>	Offense <i>RESIST ARREST / ESCAPE</i>
--------------------------	--

violence.

Varner was issued a civil citation for violation of City of Key West municipal ordinance Sec. 70-130. No lodging in vehicles.

My Axon body-worn camera was activated during this incident.

My Axon in-car camera was activated during transport.

=====

## Incident Report Suspect List

Key West Police Department

OCA: 24-001589

<b>1</b>	Name (Last, First, Middle) <i>VARNER, JAMES G</i>					Also Known As					Home Address <i>20 ISLAND AVE - 206 MIAMI BEACH, FL 33139</i>				
	Business Address <i>UNK, UNK</i>														
	DOB	Age	Race	Sex	Eth	Hgt	Wgt	Hair	Eye	Skin	Driver's License / State				
<i>08/10/1970</i>	<i>53</i>	<i>B</i>	<i>M</i>	<i>N</i>	<i>601</i>		<i>BLD</i>	<i>BLK</i>	<i>LGT</i>	<i>V656447702900 FL</i>					
Scars, Marks, Tattoos, or other distinguishing features															
<b>Reported Suspect Detail</b>															
Suspect Age			Race	Sex	Eth	Height			Weight			SSN			
Weapon, Type		Feature		Make		Model			Color		Caliber		Dir of Travel		
													Mode of Travel		
Veh Yr / Make / Model			Drs	Style		Color		Lic Plate / State			VIN				
Notes								Physical Char							



## Incident Report Related Property List

Key West Police Department

OCA: 24-001589

<b>1</b>	Property Description <b>AXON BWC 4270</b>			Make <b>AXON</b>		Model <b>BWC</b>		Caliber	
	Color	Serial No.	Value <b>\$0.00</b>	Qty <b>1.000</b>	Unit <b>EA</b>	Jurisdiction <b>Locally</b>			
	Status <b>Evidence</b>	Date <b>03/19/2024</b>	NIC #	State #	Local #		OAN		
	Name (Last, First, Middle) <b>* No name *</b>			DOB		Age	Race	Sex	

Notes

<b>2</b>	Property Description <b>AXON IN CAR</b>			Make <b>AXON</b>		Model <b>IN CAR</b>		Caliber	
	Color	Serial No.	Value <b>\$0.00</b>	Qty <b>1.000</b>	Unit <b>EA</b>	Jurisdiction <b>Locally</b>			
	Status <b>Evidence</b>	Date <b>03/19/2024</b>	NIC #	State #	Local #		OAN		
	Name (Last, First, Middle) <b>* No name *</b>			DOB		Age	Race	Sex	

Notes