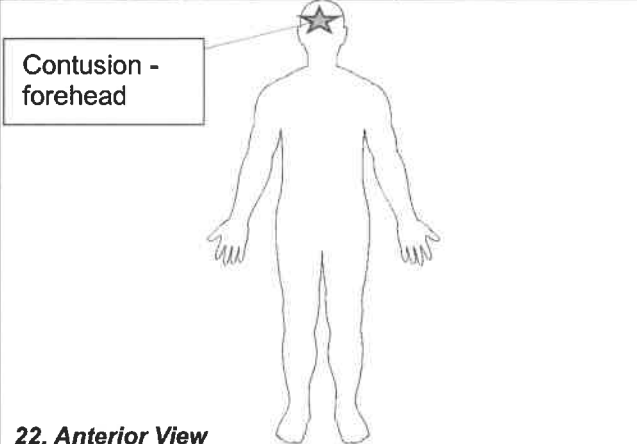
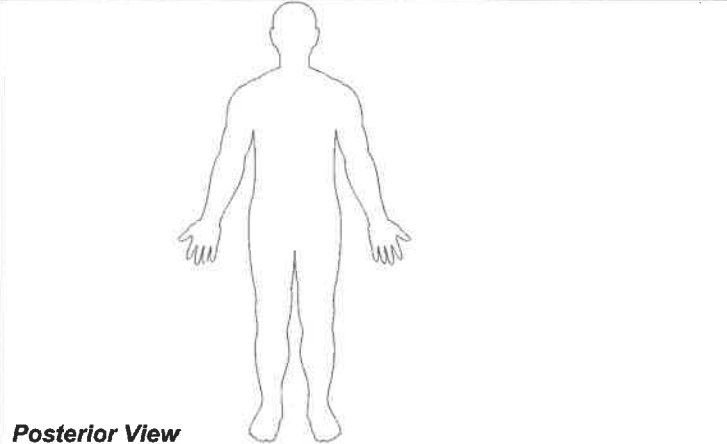
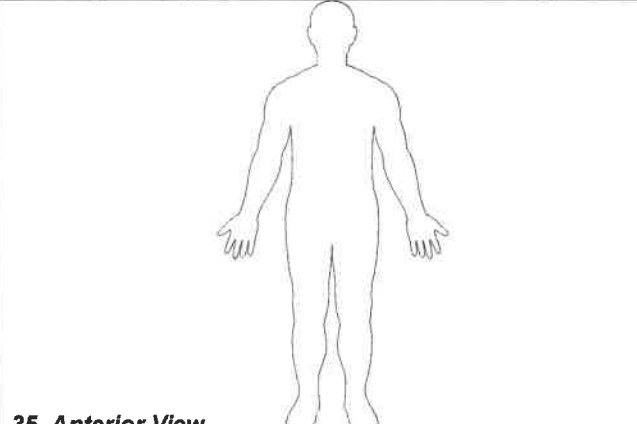
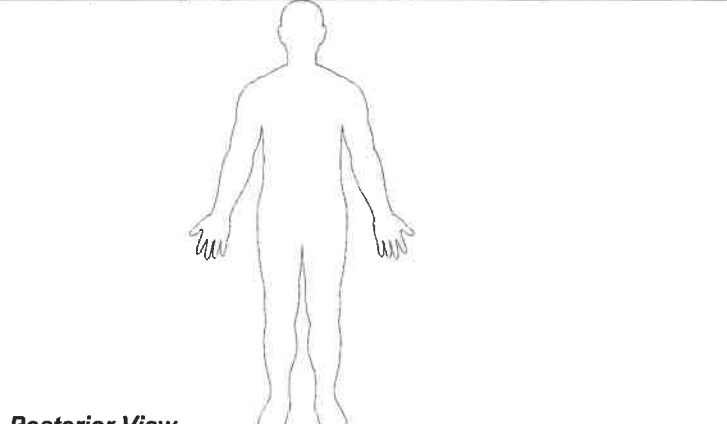


Response to Resistance Report

Key West Police Department

Case No: 23-5769

1. A Response to Resistance Report will be completed by the supervisor for: (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	2. Date: 10/22/2023		3. Time: 2338	
	4. Location: 430 Duval Street		5. Incident type: Disorderly/Resist	
	6. Resistance Level		7. Explanation	
	<input checked="" type="checkbox"/> Passive: _____ <input checked="" type="checkbox"/> Active: _____ <input type="checkbox"/> Aggressive: _____ <input type="checkbox"/> Deadly Force: _____		<input checked="" type="checkbox"/> Physical Control _____ <input type="checkbox"/> Non-lethal Weapon _____ <input type="checkbox"/> Deadly Force _____	
8. Response Option		9. Explanation		
<input checked="" type="checkbox"/> Physical Control _____ <input type="checkbox"/> Non-lethal Weapon _____ <input type="checkbox"/> Deadly Force _____		<input checked="" type="checkbox"/> Redirection _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____		
SUBJECT	10. Last Name: Camp		11. First: Frederick	
	12. Race: W		13. Sex: M	
	14. DOB: 04/20/1975		15. Height: 6'03"	
	16. Weight: 250		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 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 checked="" type="checkbox"/> Hospital <input type="checkbox"/> Detention			
	22. Anterior View		Posterior View	
				
	OFFICER	23. Officer: Jack Gruba		24. Race: W
25. Sex: M		26. Age: 28		
27. Height: 6'00"		28. Weight: 200		
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: 2				
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: Straight arm redirection (Standing up)				
35. Anterior View		Posterior View		
				

Response to Resistance Report (continued)

Key West Police Department

Case No: 23-5769

TASER USE ONLY	36. TASER® device serial #		37. TASER® device serial #		
	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:		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: 10/22/2023		41. Time: 2343 hours		
	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
	Jason Honkus		766 River Forest Dr, Freeport, PA 16229		412-427-5005
47. Preparing Supervisor / Printed Name: <u>Sgt. Malsheimer</u>		48. Preparing Supervisor / Signature / ID: <u>[Signature] 3388</u>		49. Date: 10/23/2023	
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		51. Signature of Internal Affairs Inspector: <u>[Signature] 3386</u>		
		52. Date: <u>1/17/24</u>			

INCIDENT/INVESTIGATION

REPORT

INCIDENT DATE

Agency Name
Key West Police Department

ORI
FL0440100

Case#
23-005769

Date / Time Reported
10/22/2023 23:30 Sun

Last Known Secure
10/22/2023 23:30 Sun

At Found
10/22/2023 23:30 Sun

Location of Incident
430 DUVAL ST, Key West FL 33040

Gang Relat
NO

Premise Type
Hotel/motel/etc.

Beat/GP
B1, GPB1

#	Crime Incident(s)	(Com)	Weapon / Tools	Entry	Exit	Security	Activity
#1	<i>Disorderly Conduct DCA</i>	(Com)					
#2	<i>Crime Incident Resist Arrest / Escape XOM</i>	(Com)					
#3	<i>Crime Incident</i>	()					

MO

VICTIM

of Victims *2* Type: *BUSINESS* Injury: Domestic: *N*

V1 Victim/Business Name (Last, First, Middle)
LA CONCHA

Victim of Crime # *1* DOB */ /* Race Sex Relationship To Offender *IST* Resident Status *N/A* Military Branch/Status

Home Address *430 DUVAL ST, Key West, FL 33040-* Email Home Phone *305-280-0204*

Employer Name/Address Business Phone Mobile Phone

VYR Make Model Style Color Lic/Lis VIN

OTHERS INVOLVED

CODES: V- Victim (Denote V2, V3) WI = Witness IO = Involved Other RP = Reporting Person (if other than victim)

Type: *SOCIETY/PUBLIC/STATE* Injury:

V2 Name (Last, First, Middle)
SOCIETY

Victim of Crime # *2* DOB */ /* Race Sex Relationship To Offender Resident Status *N/A* Military Branch/Status

Home Address Email Home Phone

Employer Name/Address Business Phone Mobile Phone

Type: *INDIVIDUAL* Injury:

RP Name (Last, First, Middle)
MACKEOWN, MICHAEL EDWARD

Victim of Crime # DOB *02/12/1976* Race *W* Sex *M* Relationship To Offender Resident Status *Resident* Military Branch/Status

Home Address *1601 BAHAMA DR KEY WEST, FL 33040* Email Home Phone *440-785-7021*

Employer Name/Address Business Phone Mobile Phone

1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown
("OJ" = Recovered for Other Jurisdiction)

PROPERTY

VI #	Code	Status Frm/To	Value	OJ	QTY	Property Description	Make/Model	Serial Number
27	EVID		\$0.00		1	BWC 4156		
27	EVID		\$0.00		1	AXON-FLEET		

Officer/ID# *GRUBA, JACK Z (4156)*

Invest ID# *(0)* Supervisor *MALSHEIMER, KARL ERIC Jr (3388)*

Status Complainant Signature Case Status *Cleared By Arrest* *10/23/2023* Case Disposition: Page 1

Incident Report Additional Name List

Key West Police Department

OCA: 23-005769

Additional Name List

Name Code/#	Name (Last, First, Middle)	Victim of Crime #	DOB	Age	Race	Sex
1) IO 1	RAHMAN, RUMI		01/08/1992	31		M
	Address 2311 NW 39TH TER, COCONUT CREEK, FL 33066-		H: 754-317-1915			
	Empl/Addr		B: - -			
			Mobile #: - -			
2) WI 1	HONKUS, JASON MICHAEL		01/25/1980	43	W	M
	Address 766 RIVER FOREST DR, FREEPORT, PA 16229-		H: - -			
	Empl/Addr		B: - -			
			Mobile #: - -			

INCIDENT/INVESTIGATION REPORT

Key West Police Department

Case # 23-005769

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), ROBERTS, E. (4194)

Suspect Hate / Bias Motivated:

NARRATIVE

REPORTING OFFICER NARRATIVE

Key West Police Department

OCA
23-005769
Date / Time Reported
Sun 10/22/2023 23:30

Victim	Offense	
LA CONCHA	DISORDERLY CONDUCT	

-- Frederick Allen Camp Arrest Narrative:

On 10/22/23 at 2230 hours, I, Ofc. Gruba was dispatched to 430 Duval St, La Concha, in reference to a verbal disturbance between two men in the lobby.

Upon arrival, I met with the reporting party, Michael Mckeon, who was working security for La Concha. Mckeon told me two men that were at the bar got into a heated argument where he had to get in between both of them and separate the two. Mckeon told me if he would not have stepped in they would have gotten physical. Mckeon said one of the men was still sitting at the bar and one was in the dining area behind the bar. Mckeon brought me over to the one that was still sitting at the bar.

I asked the man, later identified as Fredrick Camp, what happened. Camp told me a millennial called him a racist and that is how the altercation started. Camp was highly under the influence of alcoholic intoxicants due to his slurred speech, bloodshot eyes, inability to stand still, and odor of alcohol emanating from his person. Camp then walked away. I asked where he was going. Camp said that he was going to smoke a cigarette. Worried that Camp was just going to walk away during my investigation, I followed him outside and asked for identification. Camp asked what law he broke to have to give his information. I told Camp that I was conducting an investigation on disorderly conduct and that is why he needed to provide ID. Camp took out his driver license but would not give it to me. I told Camp multiple times to give me his license. Camp kept trying to argue with me, then eventually put his ID back into his wallet and said that he would not let me have it. I told Camp to place his hands behind his back. Camp said that he would give me his ID. At this point, I had given Camp ample opportunities to hand me his ID. I again told Camp to place his hands behind his back. Camp held both hands in the air and told me no. I grabbed Camp's left arm and took a few steps with him over to the nearest wall to use as support as I attempted to place Camp in handcuffs. While walking to the wall Camp said that he was going to urinate in his pants. As we got to the wall Camp hit his head against the brick wall and urinated in his pants. I was eventually able to get both hands in handcuffs. Camp had swelling on the left side of his forehead.

After I handcuffed Camp, I sat him down in a nearby chair. A resident at the hotel, later identified as Jason Honkus, had just seen the whole situation unfold, and came up to Camp and I. Honkus told Camp that he would not be in handcuffs if Camp would have just listened to me.

I spoke to the other male that was involved in the verbal disturbance, later identified as Rumi Rahman. Rahman did not appear to be under the influence of alcoholic intoxicants. Rahman told me that he was sitting at the bar when Camp started to make racist remarks, specifically towards immigrants. Rahman told me that he comes from a family of immigrants and is very passionate about that subject, so he could not help but challenge Camp's statements. Rahman said eventually walked away from the Camp because he had a wife and kids that he was at the hotel with.

I placed Camp into my patrol vehicle and took him to the Lower Keys Medical Center for the swelling on his head. Camp was medically cleared. I transported Camp to Monroe County Detention Center, where he was handed over to detention deputies.

My BWC and Axon-Fleet were activated during this incident.

End of report.

REPORTING OFFICER NARRATIVE

Key West Police Department

OCA 23-005769
Date / Time Reported Sun 10/22/2023 23:30

Victim LA CONCHA	Offense DISORDERLY CONDUCT	Date / Time Reported Sun 10/22/2023 23:30
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Incident Report Suspect List

Key West Police Department

OCA: 23-005769

1	Name (Last, First, Middle) <i>CAMP, FREDERICK ALLEN</i>					Also Known As					Home Address <i>750 HOGBACK RD BLUE RIDGE, GA 30513</i>				
	Business Address														
DOB	Age	Race	Sex	Eth	Hgt	Wgt	Hair	Eye	Skin	Driver's License / State					
<i>04/20/1975</i>	<i>48</i>	<i>W</i>	<i>M</i>	<i>N</i>	<i>603</i>	<i>250</i>	<i>BLN</i>	<i>BLU</i>	<i>LGT</i>	<i>060261376 GA</i>					
Scars, Marks, Tattoos, or other distinguishing features															

<i>Reported Suspect Detail</i>		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