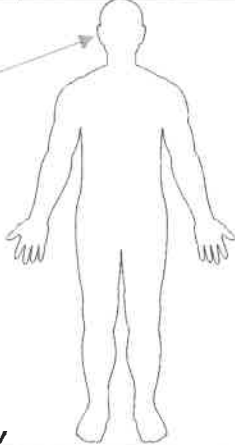
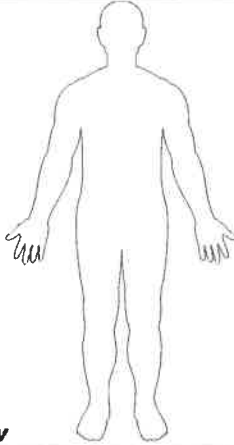
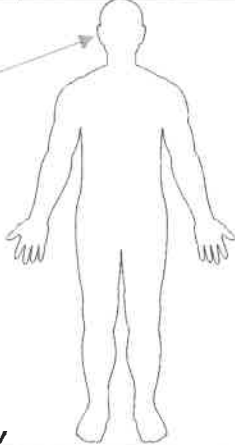
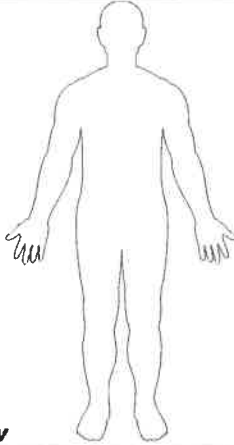
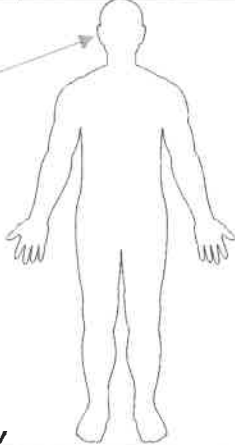
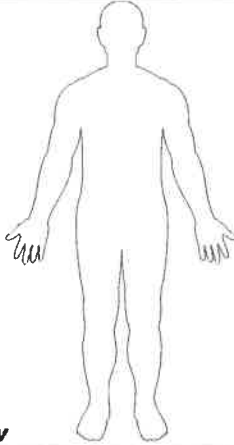
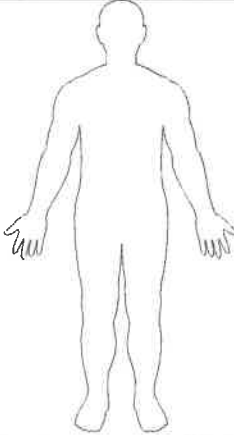
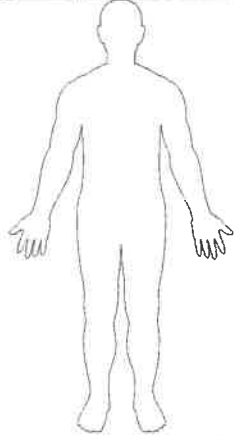


Response to Resistance Report

Key West Police Department

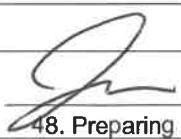
Case No: 22-5490

| | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|---|---------------------------|-----------------------|-----------------------------------|--|--|------------------|---|------------------------------|--|---------------------|--------------------------------------|--|---------------------------------------|--|--|--|--|--|
| 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: 09/24/2022 3. Time: 0307 4. Location: 2778 N. Roosevelt 5. Incident type: S34/S2 | | | | | | | | | | | | | | | | | | | | |
| | <table style="width:100%; border: none;"> <tr> <td style="width: 33%; border: none;">6. Resistance Level</td> <td style="width: 33%; border: none;">7. Explanation</td> <td style="width: 33%; border: none;">8. Response Option</td> <td style="width: 33%; border: none;">9. Explanation</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Passive:</td> <td style="border: none;"></td> <td style="border: none;"><input checked="" type="checkbox"/> Physical Control</td> <td style="border: none;">Modified arm bar</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Active:</td> <td style="border: none;"><u>Tensing, pulling away</u></td> <td style="border: none;"><input type="checkbox"/> Non-lethal Weapon</td> <td style="border: none;">Takedown, leg sweep</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> | 6. Resistance Level | 7. Explanation | 8. Response Option | 9. Explanation | <input type="checkbox"/> Passive: | | <input checked="" type="checkbox"/> Physical Control | Modified arm bar | <input checked="" type="checkbox"/> Active: | <u>Tensing, pulling away</u> | <input type="checkbox"/> Non-lethal Weapon | Takedown, leg sweep | <input type="checkbox"/> Aggressive: | | <input type="checkbox"/> Deadly Force | | <input type="checkbox"/> Deadly Force: | | | |
| | 6. Resistance Level | 7. Explanation | 8. Response Option | 9. Explanation | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Passive: | | <input checked="" type="checkbox"/> Physical Control | Modified arm bar | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Active: | <u>Tensing, pulling away</u> | <input type="checkbox"/> Non-lethal Weapon | Takedown, leg sweep | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Aggressive: | | <input type="checkbox"/> Deadly Force | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Deadly Force: | | | | | | | | | | | | | | | | | | | | | |
| 10. Last Name: Wallace 11. First: Matthew 12. Race: W 13. Sex: M 14. DOB: 12/071986 15. Height: 5.06 16. Weight: 160 | | | | | | | | | | | | | | | | | | | | | |
| 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 checked="" type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Detention | | | | | | | | | | | | | | | | | | | | | |
| SUBJECT | <table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Abrasion</div>  </td> <td style="width: 50%; border: none; vertical-align: top;">  </td> </tr> <tr> <td style="text-align: center; border: none;">22. Anterior View</td> <td style="text-align: center; border: none;">Posterior View</td> </tr> </table> | <div style="border: 1px solid black; padding: 2px; display: inline-block;">Abrasion</div>  |  | 22. Anterior View | Posterior View | | | | | | | | | | | | | | | | |
| | <div style="border: 1px solid black; padding: 2px; display: inline-block;">Abrasion</div>  |  | | | | | | | | | | | | | | | | | | | |
| 22. Anterior View | Posterior View | | | | | | | | | | | | | | | | | | | | |
| 23. Officer: Erik Roberts 24. Race: W 25. Sex: M 26. Age: 32 27. Height: 6.01 28. Weight: 300 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: 11mo 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: Modified arm bar takedown, leg sweep | | | | | | | | | | | | | | | | | | | | | |
| OFFICER |  | | | | | | | | | | | | | | | | | | | | |
| |  | | | | | | | | | | | | | | | | | | | | |
| 35. Anterior View | Posterior View | | | | | | | | | | | | | | | | | | | | |

Response to Resistance Report (continued)

Key West Police Department

Case No: 22-5490

| | | | | | |
|---|---|---|---|------------|--------------|
| 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: 09/24/2022 | | 41. Time: 0307 | | |
| | 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," list below) | | | | |
| | Name | | Address | | Phone Number |
| | | | | | |
| | | | | | |
| | | | | | |
| 47. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | 3755 | | 09/24/2022 | |
| FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS | | 48. Preparing Supervisor's Signature / ID  | | 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 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: | | |

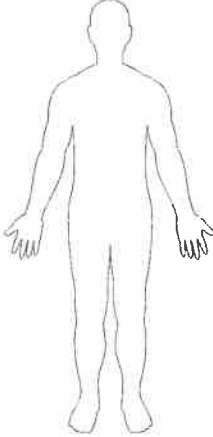
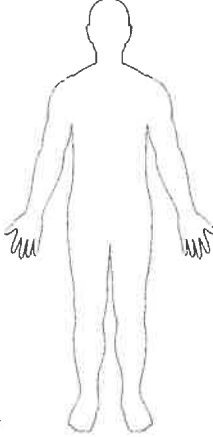
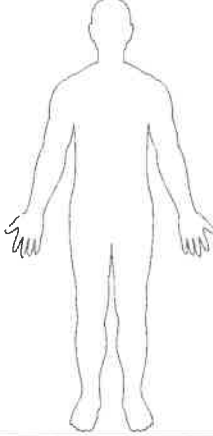
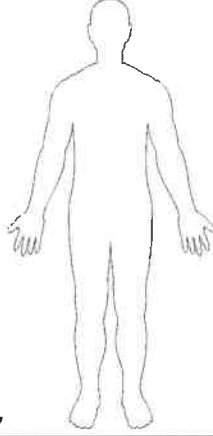
Response to Resistance Report (continued)

Key West Police Department

22-5490Error!

Reference source not

Case No: found.

| | | |
|---|---|--|
| OFFICER | 23. Officer: Dylan Slaunwhite 24. Race: W 25. Sex: M 26. Age: 24 27. Height: 5'7" 28. Weight: 189 | |
| | 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: 11mo | |
| | 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: Modified arm bar takedown | |
|  <p>35. Anterior View</p> |  <p>Posterior View</p> | |
| 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) | |
|  <p>35. Anterior View</p> |  <p>Posterior View</p> | |

INCIDENT/INVESTIGATION REPORT

Key West Police Department

Case # 22-005490

| 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
ROBERTS, E. (4194)

Suspect Hate / Bias Motivated:

INCIDENT/INVESTIGATION REPORT

Narr. (cont.) OCA: 22-005490

Key West Police Department

NARRATIVE

REPORTING OFFICER NARRATIVE

Key West Police Department

| |
|--|
| OCA 22-005490 |
| Date / Time Reported Sat 09/24/2022 02:55 |

| | | |
|--------------------------|-------------------------------------|--|
| Victim <i>Society</i> | Offense <i>ASSAULT / THREATS</i> | |
|--------------------------|-------------------------------------|--|

On September 24, 2022 I, Ofc. Slaunwhite, was dispatched to the Winn-Dixie located at 2778 N Roosevelt Blvd, in reference to an intoxicated subject creating a physical disturbance with staff inside the store.

On arrival, myself and Ofc E. Roberts observed a subject matching the description sitting in front of the store. The subject was later identified by FL DL as Matthew Wallace.

Officer Roberts I and I approached Wallace. I introduced myself and advised Wallace that we received a call about him creating a disturbance inside the store. Wallace began to get irate and argumentative the moment he saw us approaching. I asked Wallace why we're receiving calls about him, and he stated "they don't even know how to find water in this store" referring to the staff. I asked Wallace for his ID and he stated he is not giving it to me. I advised Wallace that he needs to provide his ID as we are conducting an investigation. Wallace continued to become irate and argumentative. As Wallace attempted to stand up in an aggressive manner and ball his fists, Ofc. Roberts and I attempted to place Wallace in handcuffs. I grabbed Wallace's left wrist and Ofc. Roberts grabbed his right wrist. Before Ofc. Roberts and I could handcuff Wallace, he pulled his left wrist away in an attempt to avoid detention. Ofc. Roberts and I performed a takedown on Wallace, and he was handcuffed (double locked) on the floor. Wallace sustained an abrasion to the right side of his face during the take down. Sgt. Conaty responded shortly after to take photographs of Wallace and his injury reference the RRI. Wallace was later cleared by Key West Rescue 3. Ofc. Roberts and I walked Wallace out to my patrol car to be transported to the county jail.

While being transported to jail, Wallace began making crude statements to me, such as "I hope you die of cancer, along with the rest of the Key West Police Department". Wallace also stated to me "I will find where you live, and I will kill you". When I asked Wallace about his statement, he stated I will put you into "forever sleep".

Based on the facts of this case, Wallace did the following:

Knowingly and intentionally resist, obstruct, and oppose Ofc. Roberts and I while being handcuffed contrary to F.S. 843.02 - Resisting officer without violence to his or her person.

Threatening to harm a public servant by stating to an Officer in full KWPD class-B uniform that he will find where I live and kill me, contrary to F.S.S.- 838.021-3B Corrupt by threat public servant or family.

My BWC and Coban were activated throughout this call and will be uploaded into evidence.

Nothing further at this time.

Incident Report Suspect List

Key West Police Department

OCA: 22-005490

| | | | | | | | | | | | | | |
|---|--|------------------|------------------|-----------------|-----------------|-------------------|-------------------|--------------------|-------------------|--|--|----------------|--|
| 1 | Name (Last, First, Middle) <i>WALLACE, MATHEW TYLER</i> | | | | | | Also Known As | | | Home Address <i>801 VIRGINIA ST - 3 KEY WEST, FL 33040 937-308-1144</i> | | | |
| | Business Address <i>NORTH AMERICAN SENIOR BENEFITS 937-308-1144, BENEFITS COORDR</i> | | | | | | | | | | | | |
| | DOB <i>12/07/1986</i> | Age <i>35</i> | Race <i>W</i> | Sex <i>M</i> | Eth <i>N</i> | Hgt <i>506</i> | Wgt <i>165</i> | Hair <i>BRO</i> | Eye <i>BLU</i> | Skin <i>FAR</i> | Driver's License / State. <i>W420558864470 FL</i> | | |
| Scars, Marks, Tattoos, or other distinguishing features | | | | | | | | | | | | | |
| Reported Suspect Detail | | | | | | | | | | | | | |
| Weapon, Type | | Feature | | Make | | Model | | Color | | Caliber | | Dir of Travel | |
| VehYr/Make/Model | | Drs | | Style | | Color | | Lic/St | | VIN | | Mode of Travel | |
| Notes | | | | | | Physical Char | | | | | | | |

Incident Report Related Property List

Key West Police Department

OCA: 22-005490

| | | | | | | | | | |
|----------|--|---------------------------|-------|------------------------|---------------------|---------|--------------------------------|---------|--|
| 1 | Property Description BWC 4154 | | | Make | | Model | | Caliber | |
| | Color | Serial No. | | Value \$0.00 | Qty 1.000 | Unit | Jurisdiction Locally | | |
| | Status Evidence | Date 09/24/2022 | NIC # | State # | | Local # | | OAN | |
| | Name (Last, First, Middle) * No name * | | | DOB | | Age | Race | Sex | |

Notes

| | | | | | | | | | |
|----------|--|---------------------------|-------|------------------------|---------------------|---------|--------------------------------|---------|--|
| 2 | Property Description COBAN 4154 | | | Make | | Model | | Caliber | |
| | Color | Serial No. | | Value \$0.00 | Qty 1.000 | Unit | Jurisdiction Locally | | |
| | Status Evidence | Date 09/24/2022 | NIC # | State # | | Local # | | OAN | |
| | Name (Last, First, Middle) * No name * | | | DOB | | Age | Race | Sex | |

Notes

OCA: **22005490**

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

Investigator: *BERNATOVA, ANDREA (4193)*Date / Time: *09/24/2022 03:52:04, Saturday*Supervisor: *CONATY, JAY THOMAS (3755)*Supervisor Review Date / Time: *09/24/2022 05:35:41, Saturday*

Contact:

Reference: *General Supplemental Report*

On September 24, 2022, at approximately 0255 hours, Ofc. Slaunwhite, Ofc. Roberts, and I, Ofc. Bernatova, responded to 2778 North Roosevelt Boulevard (Winn Dixie Store), in reference to an intoxicated subject and his girlfriend harassing employee and customers.

BWC activated

Upon arrival, I observed subject (later identified as Mathew Wallace, DOB 12/7/1986), matching the description, sitting on a sidewalk in front of Winn Dixie Store front door.

Ofc. Slaunwhite and Ofc. Roberts approached Wallace and started interviewing him about what happened inside.

I asked Wallace where his girlfriend is and he told me she is by the register inside of Winn Dixie.

I went inside the store and asked the white female (later identified by her name and date of birth as Stephanie Johnson, DOB 8/13/1992) standing by the register if she is with the male sitting outside.

Johnson said yes and I asked her what is going on.

Johnson told me Wallace is drunk and was being loud, so she sent him outside to calm down.

The store employee, who was checking out Johnson's purchase, told me that Wallace was yelling inside of the store, and it was upsetting some customers but he did not do any damage and left when Johnson asked him to.

I went back outside to talk to Wallace and saw that Ofc. Slaunwhite and Ofc. Roberts were struggling with Wallace on the ground.

I rushed towards them and helped the officers to place Wallace in handcuffs.

Wallace was bracing against out attempts to handcuff him and screaming that he did not do anything wrong.

Wallace was trashing on the ground, and I advised him to try to relax his muscles and stop resisting so he does not injure himself further.

I observed Wallace to have bleeding laceration/road rash on the right side of his face as a result of the incident.

Investigator Signature: _____

CASE SUPPLEMENTAL REPORT
NOT SUPERVISOR APPROVED

Printed: 09/24/2022 17:33

OCA: **22005490**

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

Investigator: *ROBERTS, ERIK (4194)*

Date / Time: *09/24/2022 04:41:54, Saturday*

Supervisor: *(0)*

Supervisor Review Date / Time: *NOT REVIEWED*

Contact:

Reference: *General Supplemental Report*

On Saturday 09/24/2022 at approximately 0302 hrs. Ofc. D. Slaunwhite and I (Ofc. E. Roberts) responded to 2778 N. Roosevelt Blvd (Winn Dixie) reference an intoxicated subject causing a disturbance in the store.

On arrival I observed Mathew Wallace sitting on the sidewalk in front of the store. Wallace was immediately uncooperative when questioned about what occurred causing us to respond to the store. Wallace exhibited symptoms of alcoholic intoxication such as slurred speech and glassy, blood-shot eyes. When asked to identify himself Wallace refused adamantly. I informed him that his identification was requested due to the active investigation taking place. Wallace again refused. Ofc. Slaunwhite and I attempted to place Wallace in handcuff restraints. He attempted to pull away from our custodial hold. I was holding Wallace's right arm while Ofc. Slaunwhite controlled his left arm. Due to Wallace's continued resistance, I utilized a leg sweep using my left leg to take Wallace's balance by pushing both of his legs back from underneath him. Wallace was redirected to the ground where he continued his resistance. I held Wallace's head to the ground facing away from Ofc. Slaunwhite and I with my right hand and secured his right arm behind his back with my left hand. Ofc. Slaunwhite and I were able to secure Wallace in handcuff restraints. I requested KWFD Rescue respond to evaluate Wallace due to injury sustained to the right side of his face during the incident and informed our supervisor of the incident. KWFD Rescue 3 responded and provided medical aid to Wallace. After he was cleared by Rescue personnel Ofc. Slaunwhite transported Wallace to the Monroe County Detention Center.

My Axon BWC was activated during this incident and uploaded to Evidence.com.

Investigator Signature: _____