

Response to Resistance Report

Key West Police Department

Case No: 15-1072

1. A Response to Resistance Report will be completed by the supervisor for: (Check all that apply)

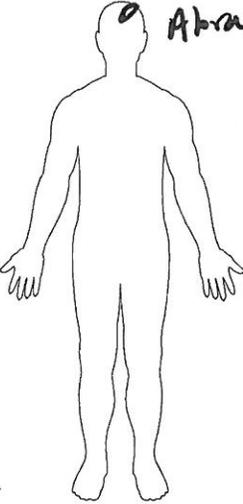
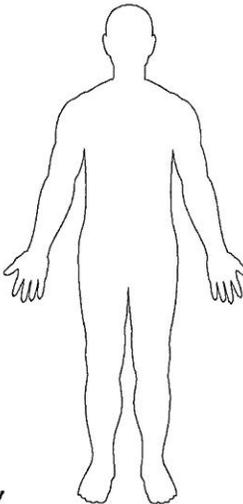
- A response through the use of non-lethal weapons,
- Applies weaponless physical force of strikes, kicks, or "take-downs"
- When any person sustains an apparent substantial or fatal injury as a result of the application of force
- When any person complains of injury as a result of the application of force
- Discharge of firearm in the line of duty off-duty or on-duty (other than for training, maintenance or ballistics testing)

2. Date: 05MAR2015 **3. Time:** 0117 **4. Location:** 700 Front **5. Incident type:** Burglary (Struct)

6. Resistance Level	7. Explanation	8. Response Option	9. Explanation
<input checked="" type="checkbox"/> Passive:	Non-Compliance	<input checked="" type="checkbox"/> Physical Control	Proned out
<input type="checkbox"/> Active:		<input type="checkbox"/> Non-lethal Weapon	
<input type="checkbox"/> Aggressive:		<input type="checkbox"/> Deadly Force	
<input type="checkbox"/> Deadly Force:			

10. Description of Incident: (If additional space is needed, continue in section 51 or use separate page if needed)
 Units were dispatched to 700 Front St., the White Tarpon, regarding a burglary in progress. On arrival, officers observed ANDERSON in the bar area attempting to pry open a cash register. Officers (Andruzzi, Nelson and Sgt. Barrios), identified themselves and told ANDERSON to, "get on the ground." Anderson began to bend over and appeared somewhat hesitant to completely comply (ANDERSON was bending over at the waist and bending his knees but was not fully going into the prone position) (Passive). Ofc. Andruzzi grabbed a hold of ANDERSON'S shirt (rear) and then pulled him all the way into the prone position so ANDERSON was lying flat on his stomach. Once ANDERSON was handcuffed and brought to his feet, it was discovered he sustained a small abrasion to his nose while he was being proned out.
 ANDERSON was checked by CARE, treated at the scene and transported to MCDCC without further incident.
 Photographs were taken of ANDERSON and are submitted with this report.

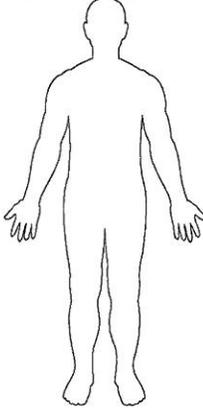
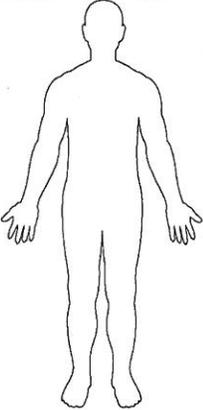
11. Last Name: Anderson **12. First:** James **13. Race:** W **14. Sex:** M
15. DOB: 19JULY1979 **16. Height:** 6'01" **17. Weight:** 200
18. Did you observe the subject: No Yes If NO, explain why in Section 5. If "YES", complete sections 19-23
19. Appeared to be: Intoxicated Under the influence of controlled substance Emotionally / mentally disturbed
20. Injuries: No Evident Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 23)
21. Photographed: No Yes **22. Treated:** No Yes **By:** EMT/Paramedic on scene Hospital Detention

SUBJECT	 <p>23. Anterior View</p>	 <p>Posterior View</p>
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Response to Resistance Report (continued)

Key West Police Department

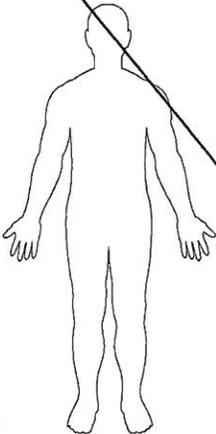
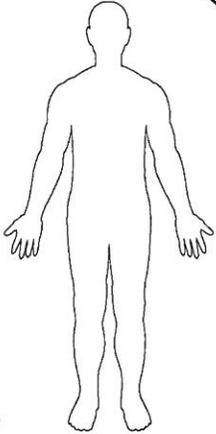
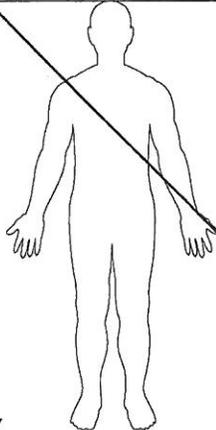
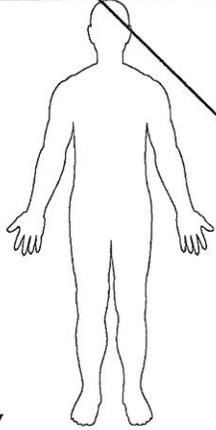
Case No: 15-1072

OFFICER	24. Officer: Andruzzi, M		25. Race: W		26. Sex: M		27. Age: 44	
	28. 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		29. Yrs Exp: 23			
	30. 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 33)							
	31. Photographed: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		32. Treated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital			
	33. Response option used by this officer: (If TASER®, also reference line number from TASER® section) Proned out							
TASER USE ONLY	34. Anterior View				34. Posterior View			
								
35. TASER® device serial #				36. 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"/> 37. Check and list any additional TASER® devices, cartridges or details in the incident description section.								
SUPERVISOR'S INQUIRY	38. Notified Date: 5MAR2015			39. Time: 0117				
	40. Did you respond to the scene: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why in section 10)							
	41. Did you meet with the Officer: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why in section 10)							
	42. 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		
43. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes								
FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS				44. Preparing Supervisor's Signature / ID		45. Date		
INT. AFF.	46. 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 49)				47. Signature of Internal Affairs Inspector		48. Date	
	49. If section 46 is "No" record the Professional Standards Control Number:				50. Date Entered:			

Response to Resistance Report (continued)

Key West Police Department

Case No: 15-1072

INCIDENT	51. Description (Section 10 continued)	
OFFICER	24. Officer: _____ 25. Race: _____ 26. Sex: _____ 27. Age: _____	
	28. 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 clothes 29. Yrs Exp: _____	
	30. 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 34)	
	31. Photographed: <input type="checkbox"/> No <input type="checkbox"/> Yes 32. Treated: <input type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital	
	33. Response option used by this officer: (If TASER®, also reference line number from TASER® section)	
	34. Anterior View	Posterior View
		
OFFICER	24. Officer: _____ 25. Race: _____ 26. Sex: _____ 27. Age: _____	
	28. 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 clothes 29. Yrs Exp: _____	
	30. 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 34)	
	31. Photographed: <input type="checkbox"/> No <input type="checkbox"/> Yes 32. Treated: <input type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital	
	33. Response option used by this officer: (If TASER®, also reference line number from TASER® section)	
	34. Anterior View	Posterior View
		

Response to Resistance Report

Key West Police Department

Case No: 15-001121

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)

2. Date: 3/7/2015 **3. Time:** 16:51 **4. Location:** 100 Grinnell St. KW **5. Incident type:** Resisting

6. Resistance Level	7. Explanation	8. Response Option	9. Explanation
<input type="checkbox"/> Passive:	_____	<input checked="" type="checkbox"/> Physical Control	Arm-bar Takedown
<input checked="" type="checkbox"/> Active:	Pulling away	<input type="checkbox"/> Non-lethal Weapon	_____
<input type="checkbox"/> Aggressive:	_____	<input type="checkbox"/> Deadly Force	_____
<input type="checkbox"/> Deadly Force:	_____		

10. Description of Incident: (If additional space is needed, continue in section 51 or use separate page if needed)
 The subject was at the Ferry Terminal acting disorderly when the security escorted him out. Ofc. Malgrat made contact with him outside on Grinnell St. He showed signs of intoxication and was still acting disorderly. Ofc. Malgrat made the decision to take him into protective custody and told him that he was under arrest. When he grabbed his wrist to handcuff him said "no", turned away from him, and started trying to pull away. The suspect kept pulling away as Ofc. Malgrat was attempting to place his hands behind him to handcuff him. Due to the suspects resisting, Ofc. Malgrat took him to the ground using an arm-bar takedown. Once on the ground, the suspect continued to resist, refusing to place his other hand behind his back. Ofc. DelCid arrived on the scene and assisted in handcuffing the suspect. Once the suspect was under control he was escorted to the patrol car. Ofc. Blanco and Ofc. Sellers arrived to assist.

11. Last Name: Mendoza **12. First:** Jose **13. Race:** H **14. Sex:** M

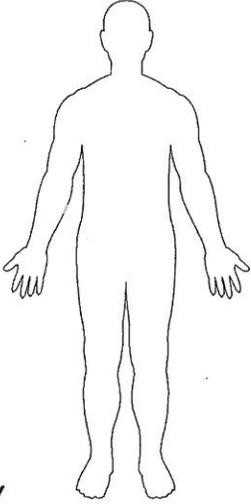
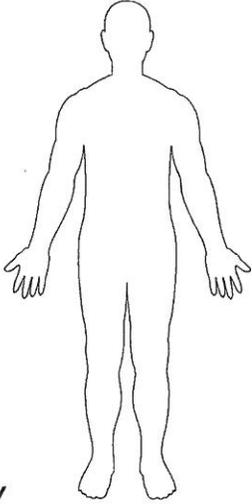
15. DOB: 4/20/1977 **16. Height:** 5'5" **17. Weight:** 200

18. Did you observe the subject: No Yes If NO, explain why in Section 5. If "YES", complete sections 19-23

19. Appeared to be: Intoxicated Under the influence of controlled substance Emotionally / mentally disturbed

20. Injuries: No Evident Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 23)

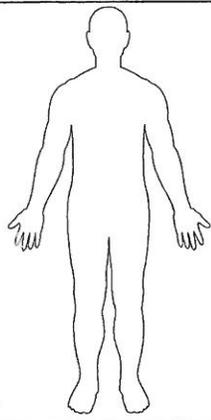
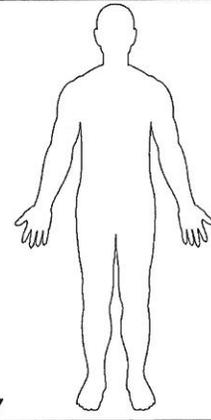
21. Photographed: No Yes **22. Treated:** No Yes **By:** EMT/Paramedic on scene Hospital Detention

SUBJECT	 <p>23. Anterior View</p>	 <p>Posterior View</p>
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Response to Resistance Report (continued)

Key West Police Department

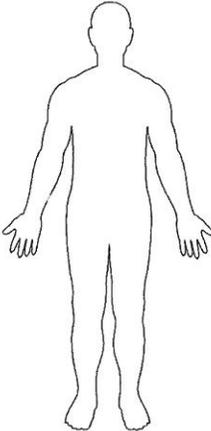
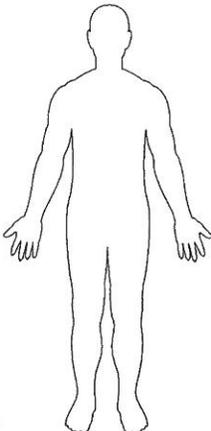
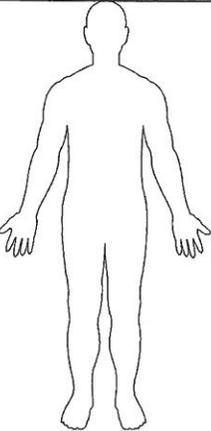
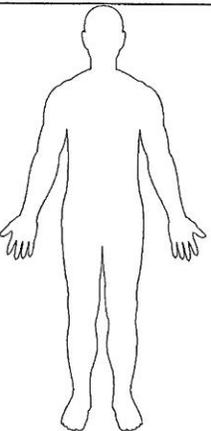
Case No: 15-001121

OFFICER	24. Officer: Michael Malgrat		25. Race: W	26. Sex: M	27. Age: 34
	28. 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		29. Yrs Exp: 11
	30. 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 33)				
	31. Photographed: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		32. Treated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital		
	33. Response option used by this officer: (If TASER®, also reference line number from TASER® section)				
	 34. Anterior View		 Posterior View		
TASER USE ONLY	35. TASER® device serial # NA		36. TASER® device serial # NA		
	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"/> 37. Check and list any additional TASER® devices, cartridges or details in the incident description section.					
SUPERVISOR'S INQUIRY	38. Notified Date: 3/7/2015		39. Time: 17:03		
	40. Did you respond to the scene: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why in section 10)				
	41. Did you meet with the Officer: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why in section 10)				
	42. 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
	James Moist		126 Ave F, Key West FL 33040		786-290-7860
INT. AFF.	43. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		44. Preparing Supervisor's Signature / ID		45. Date
	46. 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 49)		47. Signature of Internal Affairs Inspector		48. Date
	49. If section 46 is "No" record the Professional Standards Control Number:		50. Date Entered:		

Response to Resistance Report (continued)

Key West Police Department

Case No: 15-001121

INCIDENT	<p>51. Description (Section 10 continued): The suspect continued to be defiant. While Ofc. Blanco was attempting to search the suspect, he turned toward Ofc. Sellers, (who was on the suspects right), and kicked her. This caused a scrape on Ofc. Seller's left leg. The suspect also attempted to kick Ofc. Blanco. (This was captured on my body camera). He was placed in the patrol car and seat belted in. He started attempting to kick the door. He was placed into a leg restraint strap. On the way to the jail he managed free his feet and started kicking again. Ofc. Malgrat stopped at the entrance of Perry Ct. and put the restraints back on assisted by Ofc. Blanco and Ofc. Sellers. At the jail he continued to struggle and was placed in the restraint chair by MCSO Corrections. The suspect suffered only a minor scrape on his right elbow that was captured on my Body Cam. His actions prevented other photos.</p>				
OFFICER	<p>24. Officer: Brenda Sellers</p>		<p>25. Race: W</p>	<p>26. Sex: F</p>	<p>27. Age: 48</p>
	<p>28. 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</p>				<p>29. Yrs Exp: 20</p>
	<p>30. 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 34)</p>				
	<p>31. Photographed: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>		<p>32. Treated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital</p>		
	<p>33. Response option used by this officer: (If TASER®, also reference line number from TASER® section)</p>				
 <p>34. Anterior View</p>		 <p>Posterior View</p>			
OFFICER	<p>24. Officer:</p>		<p>25. Race:</p>	<p>26. Sex:</p>	<p>27. Age:</p>
	<p>28. 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 clothes</p>				<p>29. Yrs Exp:</p>
	<p>30. 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 34)</p>				
	<p>31. Photographed: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>32. Treated: <input type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital</p>		
	<p>33. Response option used by this officer: (If TASER®, also reference line number from TASER® section)</p>				
 <p>34. Anterior View</p>		 <p>Posterior View</p>			

Response to Resistance Report

Key West Police Department

Case No: 15-1152

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)

2. Date: 03/09/15 **3. Time:** 0520 hrs **4. Location:** 916 James Street **5. Incident type:** Grand Theft

6. Resistance Level	7. Explanation	8. Response Option	9. Explanation
<input type="checkbox"/> Passive:	_____	<input checked="" type="checkbox"/> Physical Control	Handcuffing
<input checked="" type="checkbox"/> Active:	Pulling/Jerking	<input type="checkbox"/> Non-lethal Weapon	_____
<input type="checkbox"/> Aggressive:	_____	<input type="checkbox"/> Deadly Force	_____
<input type="checkbox"/> Deadly Force:	_____		

10. Description of Incident: (If additional space is needed, continue in section 51 or use separate page if needed)

On 03/09/15 at approximately 0522 hours, I was requested to respond to 916 James Street, by Officer Thad Calvert. Upon arrival, Officer Calvert advised while handcuffing Donal Morris, regarding a Grand Theft case, both he and Morris were injured. Officer Calvert showed me a small scratch to his left hand. Officer Calvert did not want any medical attention, and there was no expectation of further complications, from this minor injury.

Officer Calvert said when they made contact with Morris, who opened the front door, he asked why he was being disrupted at that hour of the morning. Morris then requested if the Officers had a warrant, and attempted to close the door. Officer Calvert took hold of Morris' right forearm and pulled him out into the center of the front porch. Officer Fraga grabbed Morris' left arm, and attempted to gain control. Morris began to resist, by turning his body to the left

11. Last Name: Morris **12. First:** Donal **13. Race:** W **14. Sex:** M

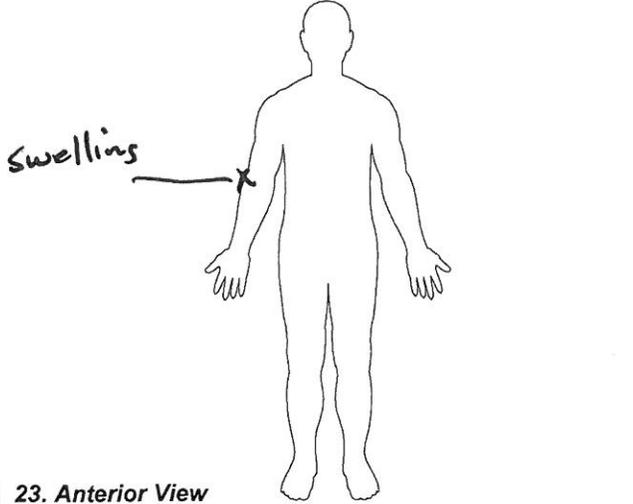
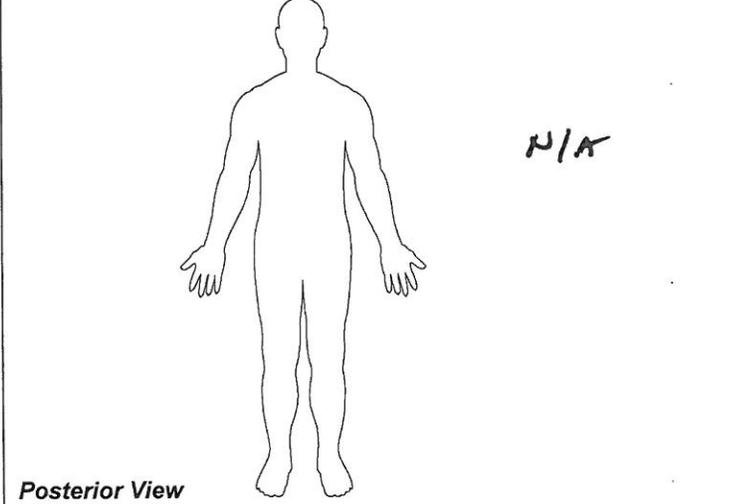
15. DOB: 02/09/1951 **16. Height:** 5'7" **17. Weight:** 200

18. Did you observe the subject: No Yes If NO, explain why in Section 5. If "YES", complete sections 19-23

19. Appeared to be: Intoxicated Under the influence of controlled substance Emotionally / mentally disturbed

20. Injuries: No Evident Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 23)

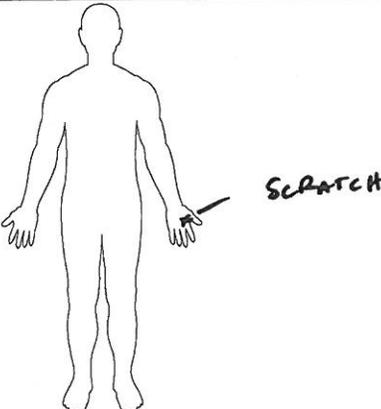
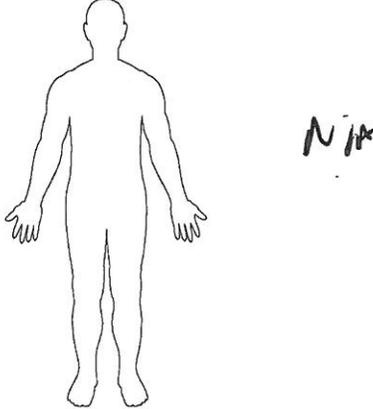
21. Photographed: No Yes **22. Treated:** No Yes **By:** EMT/Paramedic on scene Hospital Detention

SUBJECT	 <p>23. Anterior View</p>	 <p>Posterior View</p>
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Response to Resistance Report (continued)

Key West Police Department

Case No: 15-1152

OFFICER	24. Officer: Thad Calvert		25. Race: W	26. Sex: M	27. Age: 39
	28. 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		29. Yrs Exp: 7
	30. 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 33)				
	31. Photographed: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		32. Treated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
33. Response option used by this officer: (If TASER®, also reference line number from TASER® section)					
 <p>34. Anterior View</p>			 <p>Posterior View</p>		
TASER USE ONLY	35. TASER® device serial #		36. 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"/> 37. Check and list any additional TASER® devices, cartridges or details in the incident description section.					
SUPERVISOR'S INQUIRY	38. Notified Date: 03/09/15		39. Time: 0522		
	40. Did you respond to the scene: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why in section 10)				
	41. Did you meet with the Officer: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why in section 10)				
	42. 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	
43. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS					
44. Preparing Supervisor's Signature / ID				45. Date	
46. 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 49)				47. Signature of Internal Affairs Inspector	
49. If section 46 is "No" record the Professional Standards Control Number:				50. Date Entered:	

Response to Resistance Report (continued)

Key West Police Department

Case No: 15-1152

INCIDENT

51. Description (Section 10 continued):
 in what appeared to be, an attempt to keep his left arm, from going behind his back. Morris continued to jerk his arms and torso, while the officers were attempting to handcuff him. Morris complained of an injury to his right elbow. I noticed the elbow area was swollen. CARE Ambulance was requested to evaluate the injury. Morris refused any treatment from CARE, and also refused to sign the refusal form. Morris did not have life threatening injuries. Morris was placed under arrest for Grand Theft and Resisting arrest without violence. Morris was pleading with me, regarding his arrest. Morris repeatedly stated, he will not file any complaints and lawsuits against Officer's Calvert and Fraga, if he was released from custody.

OFFICER

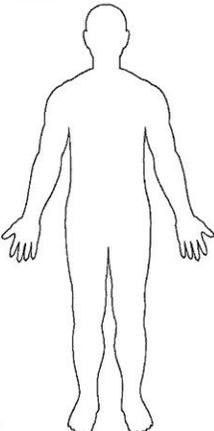
24. Officer: David P. Fraga 25. Race: W 26. Sex: M 27. Age: 26

28. Duty Status: On-duty Off-duty Extra duty employment Uniformed Plain clothes 29. Yrs Exp: 2

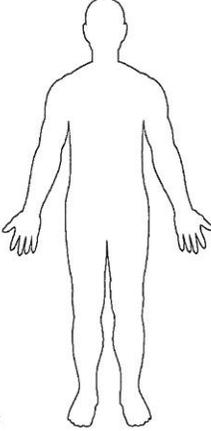
30. Injuries: No Evident Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 34)

31. Photographed: No Yes 32. Treated: No Yes By: EMT/Paramedic on scene Hospital

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



34. Anterior View



Posterior View

OFFICER

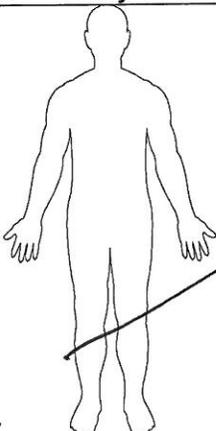
24. Officer: 25. Race: 26. Sex: 27. Age:

28. Duty Status: On-duty Off-duty Extra duty employment Uniformed Plain clothes 29. Yrs Exp:

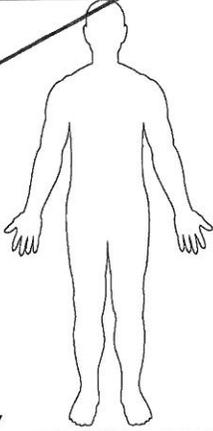
30. Injuries: No Evident Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 34)

31. Photographed: No Yes 32. Treated: No Yes By: EMT/Paramedic on scene Hospital

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



34. Anterior View



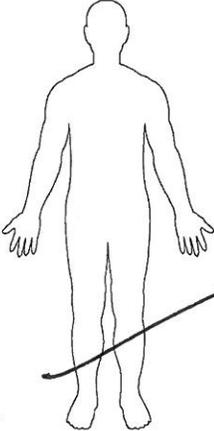
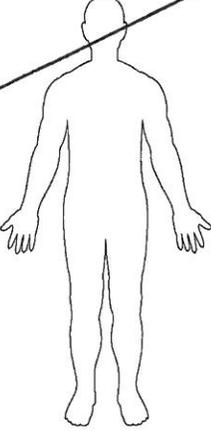
Posterior View

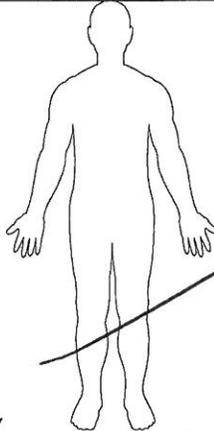
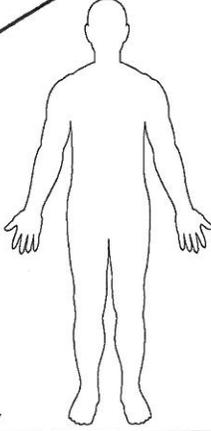
Response to Resistance Report (continued)

Key West Police Department

Case No: 15-1152

INCIDENT	<p>51. Description (Section 10 continued): Morris was then taken to Lower Keys Medical Center to be medically cleared, prior to going to the Monroe County Jail, by Officer Duponty. I took photographs of the injuries sustained in this incident, and submitted them into KWPD property and evidence. My COBAN body camera, captured the interview with Morris, and it was downloaded to the COBAN server. Morris made reference to his security camera's capturing this incident, but he refused to provide me with any footage.</p>
----------	--

OFFICER	<p>24. Officer: _____ 25. Race: _____ 26. Sex: _____ 27. Age: _____</p>	
	<p>28. 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 clothes 29. Yrs Exp: _____</p>	
	<p>30. 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 34)</p>	
	<p>31. Photographed: <input type="checkbox"/> No <input type="checkbox"/> Yes 32. Treated: <input type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input checked="" type="checkbox"/> Hospital</p>	
	<p>33. Response option used by this officer: (If TASER®, also reference line number from TASER® section)</p>	
	 <p>34. Anterior View</p>	 <p>Posterior View</p>

OFFICER	<p>24. Officer: _____ 25. Race: _____ 26. Sex: _____ 27. Age: _____</p>	
	<p>28. 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 clothes 29. Yrs Exp: _____</p>	
	<p>30. 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 34)</p>	
	<p>31. Photographed: <input type="checkbox"/> No <input type="checkbox"/> Yes 32. Treated: <input type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital</p>	
	<p>33. Response option used by this officer: (If TASER®, also reference line number from TASER® section)</p>	
	 <p>34. Anterior View</p>	 <p>Posterior View</p>

Response to Resistance Report

Key West Police Department

Case No: _____

1211
15-112T *JA*

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)

2. Date: 3/12/15 3. Time: 0143 4. Location: 227 Duval 5. Incident type: 22P *Fight*

6. Resistance Level	7. Explanation	8. Response Option	9. Explanation
<input checked="" type="checkbox"/> Passive:	Non compliance	<input type="checkbox"/> Physical Control	
<input checked="" type="checkbox"/> Active:	Clinching, pushing, pulling	<input checked="" type="checkbox"/> Non-lethal Weapon	TASER
<input checked="" type="checkbox"/> Aggressive:	Fighting, punching	<input type="checkbox"/> Deadly Force	
<input type="checkbox"/> Deadly Force:			

INCIDENT

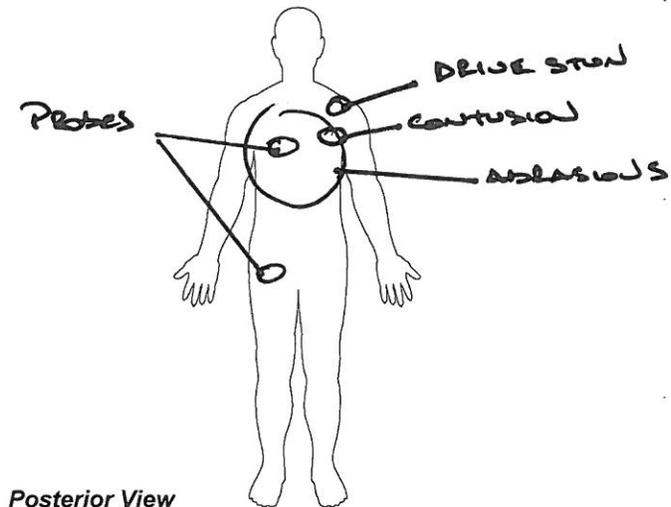
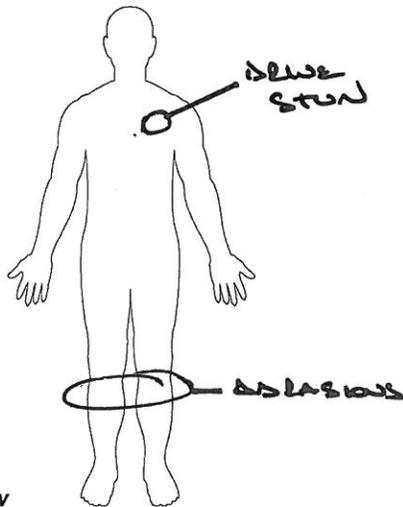
10. Description of Incident: (If additional space is needed, continue in section 51 or use separate page if needed)

I was on a Spring Break detail along with officers Young, Galbo and Anglin, at the 200 block of Duval Street. I heard over the radio a fight broke out. I arrived and found Echeverria on the ground in the middle of a large crowd. Sgt Blasberg and I walked Echeverria to the transport van. At one point, Echeverria started to sweat profusely and resisted by bracing and planting his feet. We had to partially carry him, use loud verbal commands and pain compliance. Once at the van, I removed two taser probes (one from Left scapular area, one from Left lumbar area). Echeverria braced himself against parts of the van and resisted again grabbing and ripping my pants, refusing to sit, kicking, and refusing to get in the van. Sgt Blasberg drive stunned Echeverria about the clavicle area and Right trapezoid. We hobbled and placed Echeverria in the van until he gained control of his emotions. When I asked Echeverria why he was acting so strange, Echeverria told me he had done some drugs and drank alcohol at Fat Tuesdays. Echeverria started to hyperventilate.

I met with the officers involved and they said a fight broke out between Bryan Echeverria (aggressor) and another male. Anglin and Galbo attempted to handcuff Echeverria. Echeverria attempted to punch officers and run away. Galbo tased Echeverria but Echeverria continued to come at the officers. Ofc. Young tased Echeverria although it initially achieved NMI, Echeverria continued grabbing at Ofc. Anglin's leg and had to be cartridge on drive stunned. Echeverria was finally handcuffed.

11. Last Name: Echeverria 12. First: Bryan 13. Race: H 14. Sex: M
15. DOB: 11/11/94 16. Height: 510 17. Weight: 170
18. Did you observe the subject: No Yes If NO, explain why in Section 5. If "YES", complete sections 19-23
19. Appeared to be: Intoxicated Under the influence of controlled substance Emotionally / mentally disturbed
20. Injuries: No Evident Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 23)
21. Photographed: No Yes 22. Treated: No Yes By: EMT/Paramedic on scene Hospital Detention

SUBJECT

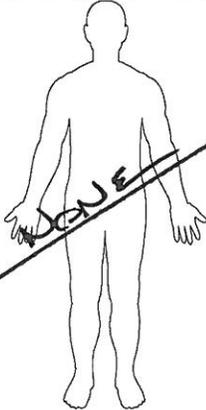
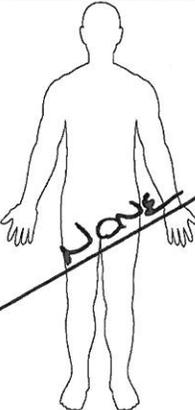


Response to Resistance Report (continued)

Key West Police Department

Case No: _____

1211 JA
15-1121

OFFICER	24. Officer: Frank Blasberg		25. Race: W		26. Sex: M		27. Age: 52	
	28. 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		29. Yrs Exp: 29			
	30. 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 33)							
	31. Photographed: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		32. Treated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital			
	33. Response option used by this officer: (If TASER®, also reference line number from TASER® section) TASER-narr							
 <p>34. Anterior View</p>				 <p>Posterior View</p>				
TASER USE ONLY	35. TASER® device serial # X12002KX8 (Galbo)				36. TASER® device serial # X12002KYA (Young)			
	TASER®Cam serial # V21000VTH				TASER®Cam serial # V21000VT1			
	Cartridge 1 serial # C4100MM6N				Cartridge 1 serial # C4100M8XT			
	Cartridge 2 serial # N/A				Cartridge 2 serial # N/A			
	Number of cycles: 1 (28 seconds) 1 (7 seconds)				Number of cycles: 2 (5 seconds each)			
	Type of contact: <input checked="" type="checkbox"/> Probe <input checked="" type="checkbox"/> CODS <input type="checkbox"/> Drive Stun				Type of contact: <input checked="" type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun			
	Did probes penetrate skin: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Did probes penetrate skin: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	Target distance at probe launch: Under 5 Feet				Target distance at probe launch: Under 5 Feet			
	Distance between probes: 10 Inches				Distance between probes: 10 Inches			
	Probes removed by (name): Sgt. Rodriguez				Probes removed by (name): Sgt. Rodriguez			
Device downloaded by: Sgt Blasberg				Device downloaded by: Sgt. Blasberg				
<input checked="" type="checkbox"/> 37. Check and list any additional TASER® devices, cartridges or details in the incident description section.								
SUPERVISOR'S INQUIRY	38. Notified Date: 3/12/15				39. Time: 0143			
	40. Did you respond to the scene: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why in section 10)							
	41. Did you meet with the Officer: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why in section 10)							
	42. 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		
43. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				Pablo Rodriguez / 2298		3/12/15		
FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS				44. Preparing Supervisor's Signature / ID		45. Date		
INT. AFF.	46. 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 49)				47. Signature of Internal Affairs Inspector		48. Date	
					1679		3/31/15	
	49. If section 46 is "No" record the Professional Standards Control Number:				50. Date Entered:			

Response to Resistance Report

Key West Police Department

Case No: 15-001319

1. A Response to Resistance Report will be completed by the supervisor for: (Check all that apply)

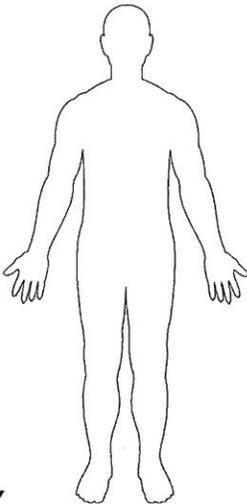
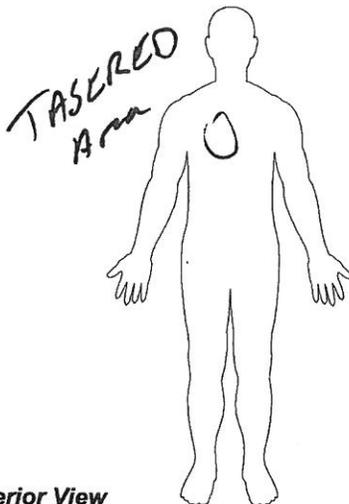
- A response through the use of non-lethal weapons,
- Applies weaponless physical force of strikes, kicks, or "take-downs"
- When any person sustains an apparent substantial or fatal injury as a result of the application of force
- When any person complains of injury as a result of the application of force
- Discharge of firearm in the line of duty off-duty or on-duty (other than for training, maintenance or ballistics testing)

2. Date: 3/16/2015 **3. Time:** 07:34 **4. Location:** 709 Whitehead St. **5. Incident type:** Trespassing

6. Resistance Level	7. Explanation	8. Response Option	9. Explanation
<input type="checkbox"/> Passive:	_____	<input checked="" type="checkbox"/> Physical Control	"bent-wrist" hold
<input checked="" type="checkbox"/> Active:	Pulling away	<input checked="" type="checkbox"/> Non-lethal Weapon	Tazer "drive-stun"
<input checked="" type="checkbox"/> Aggressive:	"Swatting" at officer	<input type="checkbox"/> Deadly Force	_____
<input type="checkbox"/> Deadly Force:	_____		

10. Description of Incident: (If additional space is needed, continue in section 51 or use separate page if needed)
 At 07:37 officers responded to 709 Whitehead St where the caller was reporting that a man was asleep in her yard. Officers arrived and found him inside her fence, asleep in the flower bed. After officers woke him they started to place him in handcuffs. He grabbed Ofc. Betz' arm to keep from being handcuffed. Ofc. Betz used a "bent-wrist" hold in order to handcuff him. He calmed down momentarily but started resisting again when they tried to put handcuffs on again, slapping at Ofc. Betz", hitting him in this leg. Ofc. Malgrat arrived to assist. He announced to the suspect to stop resisting or he would be "tazed" When he did not comply Ofc. Malgrat delivered a 5 second drive stun to his left shoulder blade area. The subject then immediately complied. Ofc. Chaustit took photos of the suspect. He did not receive any injuries. No officers were injured.

11. Last Name: Fierheller-Conklin **12. First:** Reid Spencer **13. Race:** W **14. Sex:** M
15. DOB: 04/08/1992 **16. Height:** 6'00" **17. Weight:** 180
18. Did you observe the subject: No Yes If NO, explain why in Section 5. If "YES", complete sections 19-23
19. Appeared to be: Intoxicated Under the influence of controlled substance Emotionally / mentally disturbed
20. Injuries: No Evident Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 23)
21. Photographed: No Yes **22. Treated:** No Yes **By:** EMT/Paramedic on scene Hospital Detention

SUBJECT	 <p>23. Anterior View</p>	 <p>Posterior View</p>
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Response to Resistance Report (continued)

Key West Police Department

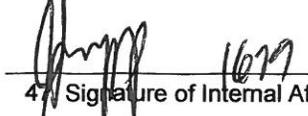
Case No: 15-001319

OFFICER	24. Officer: Michael Malgrat		25. Race: W	26. Sex: M	27. Age: 34
	28. 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		29. Yrs Exp: 11
	30. 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 33)				
	31. Photographed: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		32. Treated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital		
	33. Response option used by this officer: (If TASER®, also reference line number from TASER® section)				
34. Anterior View			Posterior View		

TASER USE ONLY	35. TASER® device serial # X12002KT4	36. TASER® device serial # NA
	TASER®Cam serial # V21000VMV	TASER®Cam serial #
	Cartridge 1 serial # n/a	Cartridge 1 serial #
	Cartridge 2 serial # n/a	Cartridge 2 serial #
	Number of cycles: 1	Number of cycles:
	Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input checked="" 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 checked="" type="checkbox"/> No	Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Target distance at probe launch: n/a	Target distance at probe launch:
	Distance between probes: n/a	Distance between probes:
	Probes removed by (name): n/a	Probes removed by (name):
Device downloaded by: Sgt J Williamson	Device downloaded by:	
<input type="checkbox"/> 37. Check and list any additional TASER® devices, cartridges or details in the incident description section.		

SUPERVISOR'S INQUIRY	38. Notified Date: 3/16/2015	39. Time: 07:58
	40. Did you respond to the scene: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why in section 10)	
	41. Did you meet with the Officer: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why in section 10)	
	42. Were you able to locate any independent witnesses: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," list below)	
	Name	Address

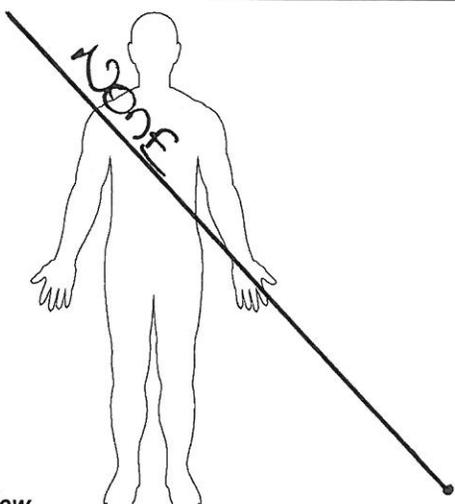
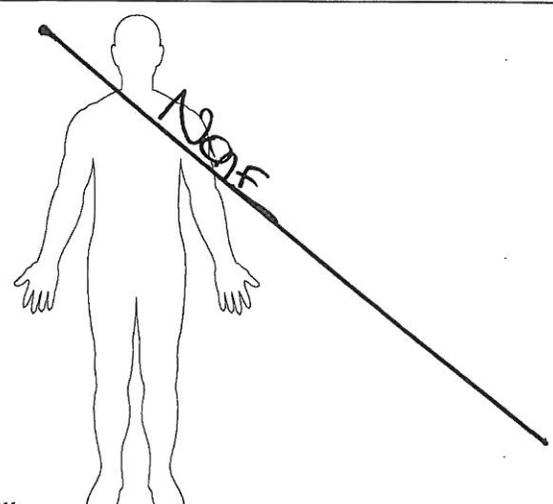
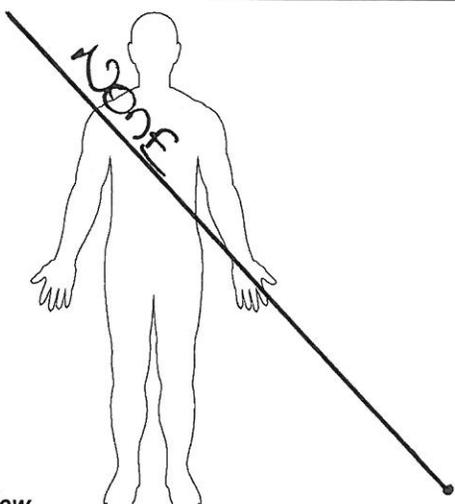
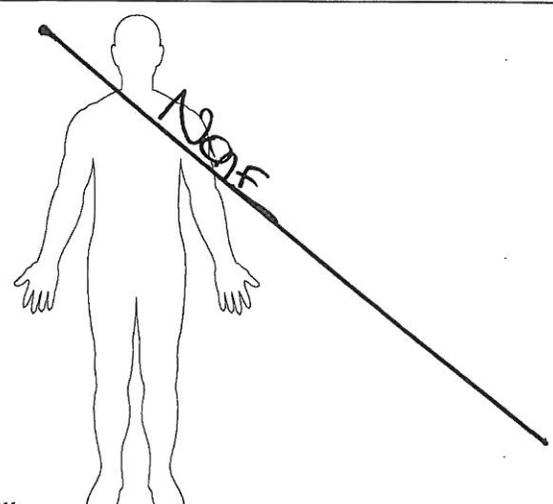
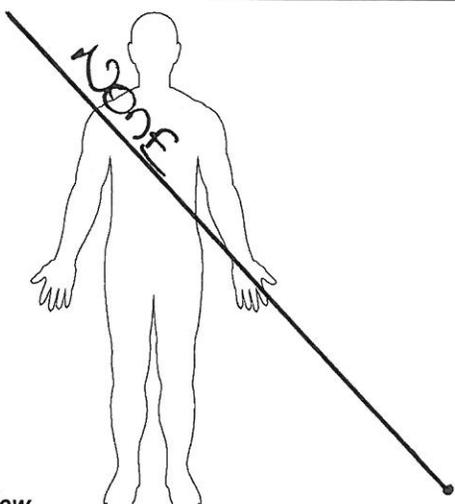
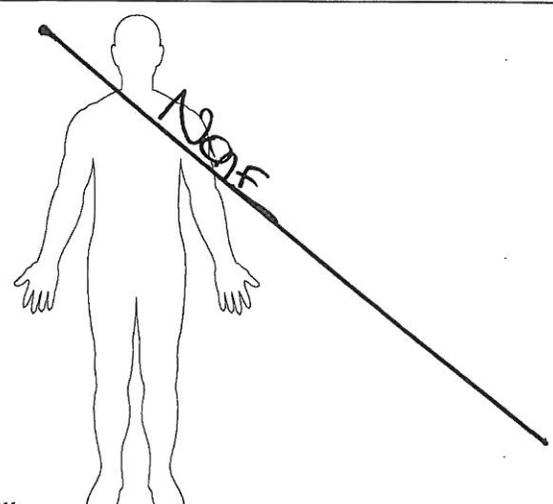
43. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	 1557	3/16/2015
FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS		44. Preparing Supervisor's Signature / ID

INT. AFF.	46. 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 49)	 1677	3/21/15
	49. If section 46 is "No" record the Professional Standards Control Number:		48. Date
50. Date Entered:			

Response to Resistance Report

Key West Police Department

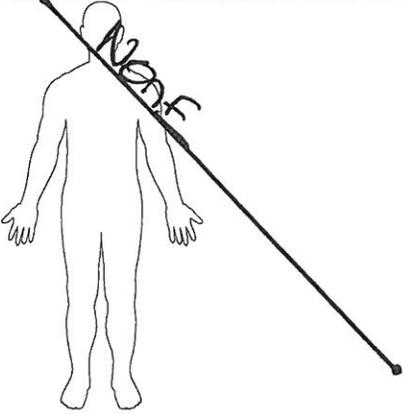
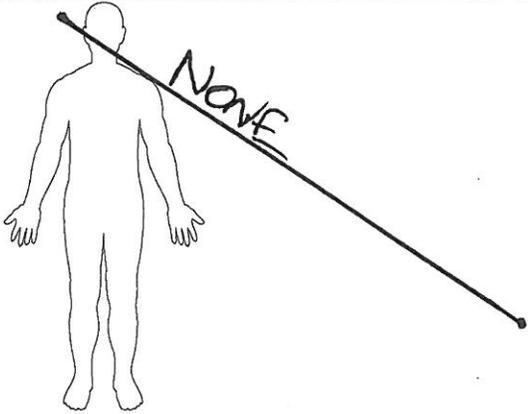
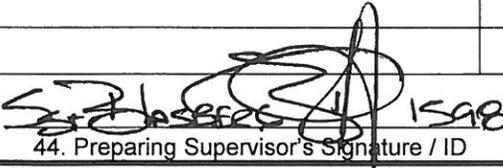
Case No: 15-1482

1. A Response to Resistance Report will be completed by the supervisor for: (Check all that apply)																					
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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: 24MAR2015 3. Time: 2353 4. Location: 3000 Blk Flagler 5. Incident type: DUI																					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">6. Resistance Level</td> <td style="width: 25%; padding: 5px;">7. Explanation</td> <td style="width: 25%; padding: 5px;">8. Response Option</td> <td style="width: 25%; padding: 5px;">9. Explanation</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Passive:</td> <td style="padding: 5px;">_____</td> <td style="padding: 5px;"><input checked="" type="checkbox"/> Physical Control</td> <td style="padding: 5px;">Take-down/Knee Spike</td> </tr> <tr> <td style="padding: 5px;"><input checked="" type="checkbox"/> Active:</td> <td style="padding: 5px;">Jerking/tensing/pull away</td> <td style="padding: 5px;"><input type="checkbox"/> Non-lethal Weapon</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Aggressive:</td> <td style="padding: 5px;">_____</td> <td style="padding: 5px;"><input type="checkbox"/> Deadly Force</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Deadly Force:</td> <td style="padding: 5px;">_____</td> <td></td> <td></td> </tr> </table>		6. Resistance Level	7. Explanation	8. Response Option	9. Explanation	<input type="checkbox"/> Passive:	_____	<input checked="" type="checkbox"/> Physical Control	Take-down/Knee Spike	<input checked="" type="checkbox"/> Active:	Jerking/tensing/pull away	<input type="checkbox"/> Non-lethal Weapon	_____	<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	Take-down/Knee Spike																		
<input checked="" type="checkbox"/> Active:	Jerking/tensing/pull away	<input type="checkbox"/> Non-lethal Weapon	_____																		
<input type="checkbox"/> Aggressive:	_____	<input type="checkbox"/> Deadly Force	_____																		
<input type="checkbox"/> Deadly Force:	_____																				
INCIDENT	10. Description of Incident: (If additional space is needed, continue in section 51 or use separate page if needed) Officers Chavarria and Ryan were working plain clothes, unmarked and Officer Currul was uniformed, marked patrol. Officers initiated a traffic stop on a motorcycle/motorcyclist in the 3000 block of Flagler for not having eye protection and during the stop believed the operator, CANIZARES, to be impaired. Furthermore, CANIZARES, who is only 18, smelled of alcohol, had slurred speech and since he was only 18, would be subject to a .02BAC as opposed to a .08BAC for anyone over 21. Ofc. Chavarria began to initiate Field Sobriety Exercises (FSE's) which CANIZARES did not wish to participate. Ofc. Chavarria told CARIZANES he was under arrest and to put his hands behind his back. CANIZARES did. Ofc. Currul then placed a handcuff onto CANIZARES wrist while Ofc. Chavarria was holding onto CANIZARES other hand, CANIZARES pulled his arm away from Ofc. Chavarria trying to prevent Ofc. Currul to finish handcuffing him. At the same time, CANIZARES tried to pull away from Ofc. Chavarria (Both active resistance). Ofc. Chavarria then used a take-down to bring CANIZARES to the ground but because Ofc. Currul was holding onto CANIZARES' the take-down did not generate a lot of momentum.																				
11. Last Name: Canizares 12. First: Clyde 13. Race: W/H 14. Sex: M 15. DOB: 10DEC1996 16. Height: 5'10" 17. Weight: 165																					
18. Did you observe the subject: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If NO, explain why in Section 5. If "YES", complete sections 19-23																					
19. Appeared to be: <input checked="" type="checkbox"/> Intoxicated <input type="checkbox"/> Under the influence of controlled substance <input type="checkbox"/> Emotionally / mentally disturbed																					
20. 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 23)																					
21. Photographed: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 22. Treated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital <input type="checkbox"/> Detention																					
SUBJECT	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px; vertical-align: top;">  <p>23. Anterior View</p> </td> <td style="width: 50%; padding: 5px; vertical-align: top;">  <p>Posterior View</p> </td> </tr> </table>	 <p>23. Anterior View</p>	 <p>Posterior View</p>																		
 <p>23. Anterior View</p>	 <p>Posterior View</p>																				

Response to Resistance Report (continued)

Key West Police Department

Case No: 15-1482

OFFICER	24. Officer: Chavarria, D		25. Race: W/H		26. Sex: M		27. Age: 29	
	28. Duty Status: <input checked="" type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment <input type="checkbox"/> Uniformed <input checked="" type="checkbox"/> Plain clothes		29. Yrs Exp: 6					
	30. 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 33)							
	31. Photographed: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		32. Treated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital					
	33. Response option used by this officer: (If TASER®, also reference line number from TASER® section) Take Down							
TASER USE ONLY	34. Anterior View				34. Posterior View			
								
TASER USE ONLY	35. TASER® device serial #				36. TASER® device serial #			
	TASER®Cam serial #				TASER®Cam serial #			
	Cartridge 1 serial #				Cartridge 1 serial #			
	Cartridge 2 serial #				Cartridge 2 serial #			
	Number of cycles: <u>N/A</u>				Number of cycles: <u>N/A</u>			
	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 checked="" 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"/> 37. Check and list any additional TASER® devices, cartridges or details in the incident description section.								
SUPERVISOR'S INQUIRY	38. Notified Date: 25MAR2015				39. Time: 0011			
	40. Did you respond to the scene: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why in section 10)							
	41. Did you meet with the Officer: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why in section 10)							
	42. 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		
INT. AFF.	43. Is further review recommended: <input type="checkbox"/> No <input type="checkbox"/> Yes						25MAR2015	
	FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS				44. Preparing Supervisor's Signature / ID		45. Date	
	46. 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 49)						<u>3/31/15</u>	
47. Signature of Internal Affairs Inspector						48. Date		
49. If section 46 is "No" record the Professional Standards Control Number:						50. Date Entered:		

Response to Resistance Report

Key West Police Department

Case No: 15-1553

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)

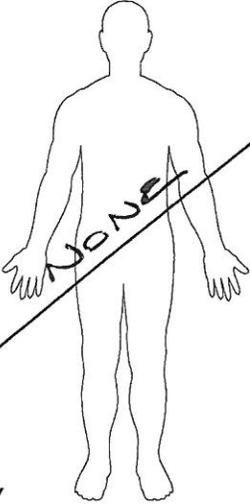
2. Date: 3/27/15 **3. Time:** 2342 **4. Location:** 231 Margaret St **5. Incident type:** Resist w/o Violence

6. Resistance Level	7. Explanation	8. Response Option	9. Explanation
<input checked="" type="checkbox"/> Passive:	Non-compliance	<input checked="" type="checkbox"/> Physical Control	Take Down;
<input checked="" type="checkbox"/> Active:	Walking Away	<input type="checkbox"/> Non-lethal Weapon	
<input type="checkbox"/> Aggressive:		<input type="checkbox"/> Deadly Force	
<input type="checkbox"/> Deadly Force:			

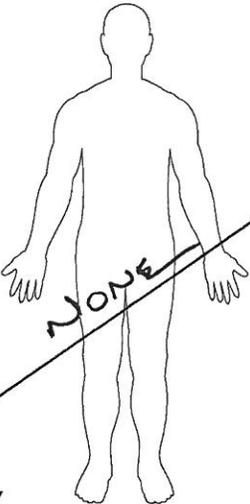
10. Description of Incident: (If additional space is needed, continue in section 51 or use separate page if needed)
 While on duty, I received a phone call from Ofc. K. Hansell requesting me on scene. On arrival, Ofc Hansell said she responded to a call about a man making harassing phone calls. During the investigation, the victim pointed to a man (later identified as Kurt Lent) that had just arrived in the area and identified him as the suspect. As Ofc Hansell attempted to make contact with Lent, Lent walked away. Ofc Hansell walked beside Lent, identified herself and ordered him to stop. Lent continued walking. Ofc Hansell grabbed an arm and directed Lent to the ground but only to his knees. Ofc Anglin arrived and by each grabbing a side, completed placing Lent in a prone position and cuffed him. I met with Lent, he would not answer any questions. I photographed Lent although he did not appear injured. Ofc Hansell transported Lent to the MCSO jail. The jail staff would not accept Lent because he would not speak. Ofc Hansell transported Lent to the ER for medical clearence and then back to the jail for processing.

11. Last Name: Lent **12. First:** Kurt **13. Race:** W **14. Sex:** M
15. DOB: 12/04/65 **16. Height:** 600 **17. Weight:** 180
18. Did you observe the subject: No Yes If NO, explain why in Section 5. If "YES", complete sections 19-23
19. Appeared to be: Intoxicated Under the influence of controlled substance Emotionally / mentally disturbed
20. Injuries: No Evident Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 23)
21. Photographed: No Yes **22. Treated:** No Yes **By:** EMT/Paramedic on scene Hospital Detention

SUBJECT



23. Anterior View

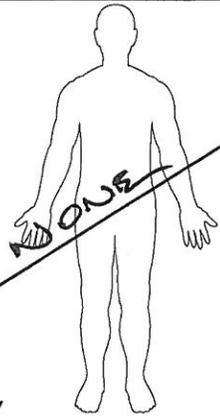
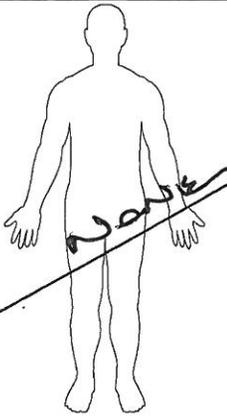


Posterior View

Response to Resistance Report (continued)

Key West Police Department

Case No: 15-1553

OFFICER	24. Officer: <u>Katheryn Hansell</u>		25. Race: <u>W</u>	26. Sex: <u>F</u>	27. Age: <u>36</u>
	28. 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		29. Yrs Exp: <u>6</u>
	30. 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 33)				
	31. Photographed: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		32. Treated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
33. Response option used by this officer: (If TASER®, also reference line number from TASER® section) <u>Take-Down</u>					
 34. Anterior View			 Posterior View		
TASER USE ONLY	35. TASER® device serial #		36. 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 checked="" type="checkbox"/> CODS <input type="checkbox"/> Drive Stun		Type of contact: <input type="checkbox"/> Probe <input checked="" type="checkbox"/> CODS <input type="checkbox"/> Drive Stun		
	Did probes penetrate skin: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Did probes penetrate skin: <input checked="" 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"/> 37. Check and list any additional TASER® devices, cartridges or details in the incident description section.					
SUPERVISOR'S INQUIRY	38. Notified Date: <u>3/28/15</u>		39. Time: <u>0045</u> hours		
	40. Did you respond to the scene: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why in section 10)				
	41. Did you meet with the Officer: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why in section 10)				
	42. 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	
INT. AFF.	43. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		44. Preparing Supervisor's Signature / ID		45. Date
	FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS		<u>[Signature]</u> 2298		<u>3/28/15</u>
	46. 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 49)		47. Signature of Internal Affairs Inspector		48. Date
49. If section 46 is "No" record the Professional Standards Control Number:		<u>[Signature]</u> 1679		<u>3/31/15</u>	
			50. Date Entered:		

