

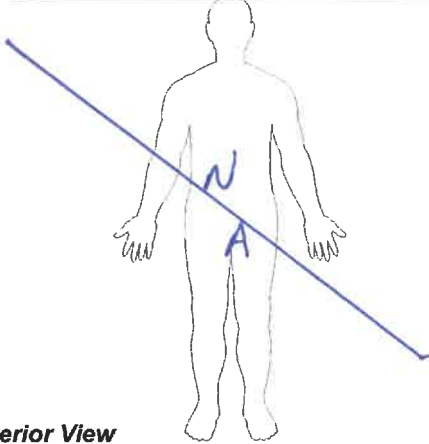
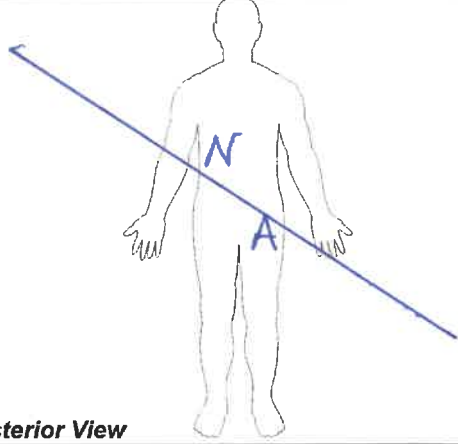
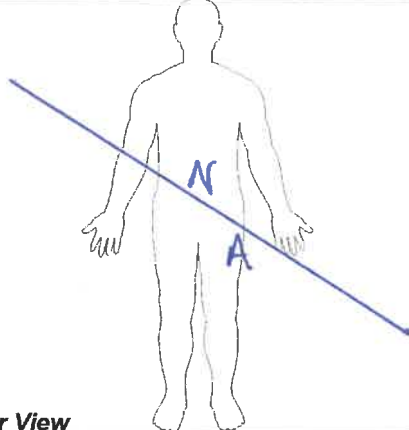
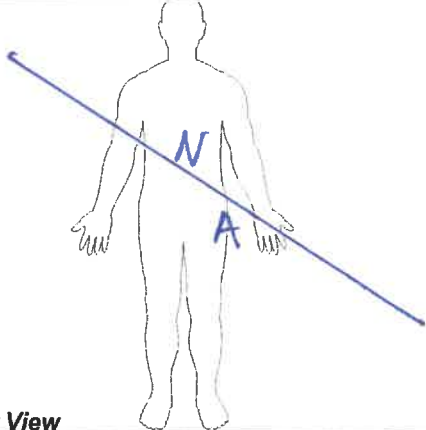
Response to Resistance Report

Key West Police Department

Case No: 22 0813

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

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

INCIDENT	2. Date: 2 08 22	3. Time: 11:09 AM	4. Location: 527 Duval Street	5. Incident type: S34
	6. Resistance Level	7. Explanation	8. Response Option	9. Explanation
	<input checked="" type="checkbox"/> Passive:	Refused to answer	<input checked="" type="checkbox"/> Physical Control	Armbar to takedown
	<input checked="" type="checkbox"/> Active:	Refused to stop	<input type="checkbox"/> Non-lethal Weapon	
	<input checked="" type="checkbox"/> Aggressive:	Kicked Officers	<input type="checkbox"/> Deadly Force	
	<input type="checkbox"/> Deadly Force:			
SUBJECT	10. Last Name: Rose	11. First: Kimberly	12. Race: W	13. Sex: F
	14. DOB: 6 30 1968	15. Height: 5' 9"	16. Weight: 135	
	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 type="checkbox"/> Intoxicated <input type="checkbox"/> Under the influence of controlled substance <input checked="" type="checkbox"/> Emotionally / mentally disturbed			
	19. 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 22)			
	20. Photographed: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 21. Treated: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Detention			
	22. Anterior View		Posterior View	
				
	23. Officer: Frank Betz 24. Race: W 25. Sex: M 26. Age: 48 27. Height: 6' 1" 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: 15			
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				
OFFICER	34. Response option used by this officer: (If TASER®, also reference line number from TASER® section)			
	35. Anterior View		Posterior View	
				

Response to Resistance Report (continued)

Key West Police Department

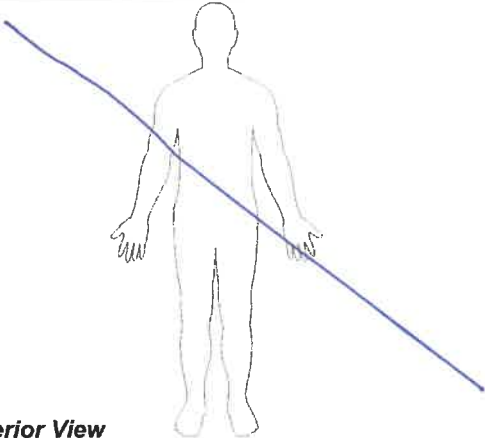
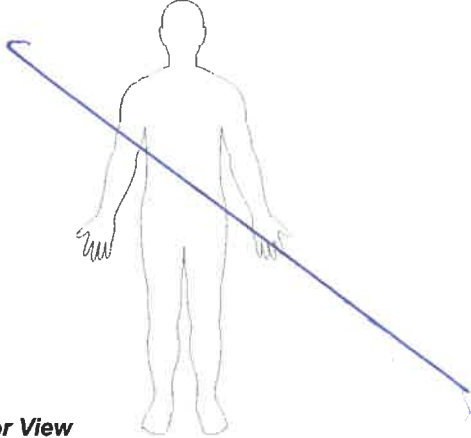
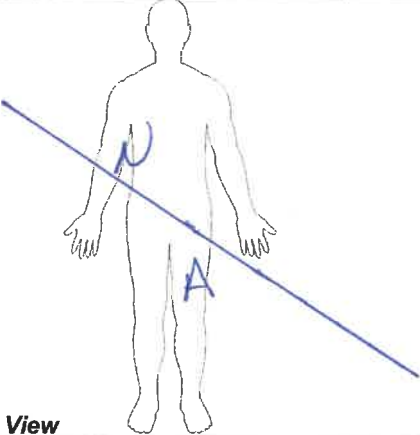
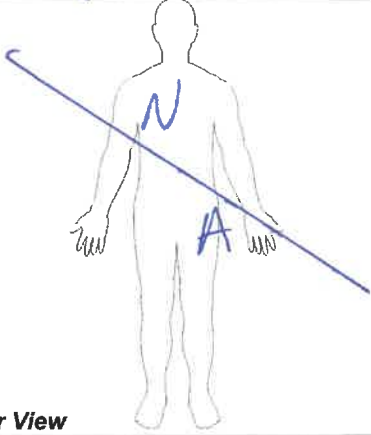
Case No: 22-873

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: N	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 type="checkbox"/> Yes <input type="checkbox"/> No	Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No												
	Target distance at probe launch: A	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: 2/8/22													
	41. Time: 11:09 AM													
	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)													
	<table border="1"><thead><tr><th>Name</th><th>Address</th><th>Phone Number</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>		Name	Address	Phone Number									
	Name	Address	Phone Number											
47. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes														
FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS														
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

Case No: 22-813

OFFICER	23. Officer: Esteban Andrade 24. Race: W 25. Sex: M 26. Age: 44 27. Height: 5'7" 28. Weight: 165					
	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: <1					
	31. Injuries: <input checked="" type="checkbox"/> No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 35)					
	32. Photographed: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 33. Treated: <input 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: (If TASER®, also reference line number from TASER® section)					
						
	35. Anterior View			35. Posterior View		
OFFICER	23. Officer: 24. Race: <u>W</u> 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)					
						
	35. Anterior View			35. Posterior View		

I N C I D E N T D A T A	Agency Name <i>Key West Police Department</i>		INCIDENT/INVESTIGATION REPORT				Case# <i>22-000813</i>			
	ORI <i>FL0440100</i>						Date / Time Reported <i>02/08/2022 11:00 Tue</i>			
	Location of Incident <i>527 DUVAL ST, Key West FL 33040-</i>		Premise Type <i>Pharmacy Commerical</i>		Beat/GP <i>B1, GPB1</i>		Last Known Secure <i>02/08/2022 11:00 Tue</i>			
							At Found <i>02/08/2022 11:00 Tue</i>			
D E T A I L S	#1	Crime Incident(s) <i>Disorderly Conduct DCA</i>	(Com)	Weapon / Tools <i>HANDS, FIST, FEET</i>				Activity		
				Entry		Exit		Security		
	#2	Crime Incident <i>Obstruction Of Justice XOX</i>	(Com)	Weapon / Tools				Activity		
				Entry		Exit		Security		
	#3	Crime Incident	()	Weapon / Tools				Activity		
				Entry		Exit		Security		
MO										
V I C T I M	# of Victims <i>1</i>		Type: SOCIETY/PUBLIC/STATE		Injury:		Domestic: N			
	V1	Victim/Business Name (Last, First, Middle) <i>Society</i>		Victim of Crime # <i>1,2</i>	DOB <i>Age</i>	Race	Sex	Relationship To Offender		
								Resident Status <i>N/A</i>		
	Home Address						Home Phone			
	Employer Name/Address						Business Phone		Mobile Phone	
	VYR	Make	Model	Style	Color	Lic/Lis	VIN			
O T H E R S	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)									
	Type: INDIVIDUAL				Injury:					
	Code <i>RP</i>	Name (Last, First, Middle) <i>SANTANA, ISIS</i>		Victim of Crime #	DOB <i>04/23/1972 Age 49</i>	Race <i>W</i>	Sex <i>F</i>	Relationship To Offender	Resident Status <i>Non-Resident</i>	
	Home Address <i>4250 SW 67TH AVE - 28 MIAMI, FL 33155</i>						Home Phone <i>786-391-5139</i>			
	Employer Name/Address <i>WALGREENS (MANAGER)</i>						Business Phone		Mobile Phone	
	Type:				Injury:					
I N V O L V E D	Code	Name (Last, First, Middle)		Victim of Crime #	DOB <i>Age</i>	Race	Sex	Relationship To Offender	Resident Status	
									Military Branch/Status	
	Home Address						Home Phone			
	Employer Name/Address						Business Phone		Mobile Phone	
P R O P E R T Y	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found ("OJ" = Recovered for Other Jurisdiction)									
	VI #	Code	Status Frm/To	Value	OJ	QTY	Property Description		Make/Model	Serial Number
		<i>35</i>	<i>EVID</i>	<i>\$0.00</i>		<i>1</i>	<i>BWC 4158</i>			
		<i>35</i>	<i>EVID</i>	<i>\$0.00</i>		<i>1</i>	<i>BWC 3020</i>			
Officer/ID# <i>ANDRADE, ESTEBAN (4158)</i>										
Invest ID# <i>(0)</i>					Supervisor <i>DUPONTY, FRANK T (1951)</i>					
Status	Complainant Signature			Case Status <i>Cleared By Arrest</i>		<i>02/08/2022</i>		Case Disposition: <i>Cleared By Arrest</i>		<i>02/08/2022</i>
Page 1										

INCIDENT/INVESTIGATION REPORT

Key West Police Department

Case # 22-000813

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

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

Assisting Officers
 BETZ, F. (3020), DUPONTY, F.T. (1951), GETCHEL, E. (3970)

Suspect Hate / Bias Motivated:

NARRATIVE

REPORTING OFFICER NARRATIVE*Key West Police Department*

Victim <i>Society</i>	Offense <i>DISORDERLY CONDUCT</i>	OCA <i>22-000813</i>
		Date / Time Reported <i>Tue 02/08/2022 11:00</i>

-- Kimberly Ruth Rose Arrest Narrative:

On February 8, 2022, at approximately 1101 hours, Ofc Betz and I (Ofc Andrade) were dispatched to 527 Duval St, Walgreens Pharmacy, reference a physical disturbance.

On arrival, I saw a Walgreens employee who directed me to the rear of the store, where the suspect was located. I walked to the rear of the store and saw a female, later identified as Kimberly Ruth Rose. standing at a Western Union kiosk, holding a hard plastic cup and purse. I identified myself and asked how she was doing. She seemed irritated and upset. She began rambling about Walgreens committing fraud. Ofc Betz and I explained to her why I was there and asked for her for identification. Rose replied "No," and turned the corner behind isle. I told her to stop and followed her around the isle. She quickly turned and threw the cup she had in her hand at me striking me in the chest. I secured her by her arms and pushed her against the wall to gain control of her. At that point Ofc Betz, who came from behind the isle took Rose by the other arm. When Ofc Betz did so, Rose kicked at Ofc Betz. Ofc Betz secured her left arm while I secured her right arm. Rose resisted our efforts to detain her when she tensed her arms and attempted to pull away from us. We redirected her on the ground, laying on her stomach, and placed her hands behind her back. As I attempted to handcuff her, she continued to tense her arms and attempt to pull away. I was eventually able to place her into handcuffs.

During a search incident to arrest, Ofc Betz found a knife in her right pocket, and stun gun in the right pocket of her jacket that was tied around her waist. I placed Rose in the back of the patrol car.

In Rose's bag, Ofc Betz discovered a white plastic jar containing marijuana. The jar did have a prescription label with Rose's name. Also discovered by Ofc Betz was a standard pill bottle containing a prescription label containing Rose's name.

Ofc Betz later informed me that he met with Isis Santana, the Walgreens Manager, who told him that a customer had brought Rose's behavior to her attention. Santana said she was told by a customer that Rose was being disruptive by yelling at them and flailing her arms in an aggressive manner, which caused fear in them. Santana told Ofc Betz she approached Rose and asked her if everything was okay. She said Rose became very loud and animated with Santana which caused customers in the area to move away from the area. Santana said that is when she called for the police.

Our BWC's (4158 and 3020) were active during this incident. During the review of the videos, it was discovered that Rose kicked at us at the momemnt we engaged her physically.

Kimberly Ruth Rose did violate FSS 877.03, Disorderly Conduct, by disrupting the public morals and the sense of public decency and affecting the peace and quite of the Walgreens customers, by yelling at customers and flailing her arms about in a frightening manner.

Kimberly Ruth Rose did violate FSS 843.02, Resisting an Officer without violence, by turning and walking away when lawfully ordered to provide identification and subsequently tensing her arms and pulling away while being placed in handcuffs.

=====

Incident Report Suspect List

Key West Police Department

OCA: 22-000813

1	Name (Last, First, Middle) <i>ROSE, KIMBERLY RUTH</i>						Also Known As				Home Address <i>522 HUNTER LN BRADENTON, FL 34212</i>																																					
	Business Address																																															
	DOB <i>06/30/1968</i>	Age <i>53</i>	Race <i>W</i>	Sex <i>F</i>	Eth	Hgt <i>510</i>	Wgt	Hair	Eye	Skin	Driver's License / State. <i>R200516687300 FL</i>																																					
	Scars, Marks, Tattoos, or other distinguishing features																																															
<table border="1"> <tr> <td colspan="2"><i>Reported Suspect Detail</i></td> <td colspan="2">Suspect Age</td> <td>Race</td> <td>Sex</td> <td>Eth</td> <td colspan="2">Height</td> <td colspan="2">Weight</td> <td>SSN</td> </tr> <tr> <td colspan="2">Weapon, Type</td> <td colspan="2">Feature</td> <td colspan="2">Make</td> <td colspan="2">Model</td> <td>Color</td> <td>Caliber</td> <td colspan="2">Dir of Travel Mode of Travel</td> </tr> <tr> <td colspan="4">VehYr/Make/Model</td> <td>Drs</td> <td colspan="2">Style</td> <td>Color</td> <td colspan="2">Lic/St</td> <td colspan="2">VIN</td> </tr> </table>													<i>Reported Suspect Detail</i>		Suspect Age		Race	Sex	Eth	Height		Weight		SSN	Weapon, Type		Feature		Make		Model		Color	Caliber	Dir of Travel Mode of Travel		VehYr/Make/Model				Drs	Style		Color	Lic/St		VIN	
<i>Reported Suspect Detail</i>		Suspect Age		Race	Sex	Eth	Height		Weight		SSN																																					
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VehYr/Make/Model				Drs	Style		Color	Lic/St		VIN																																						
Notes						Physical Char																																										