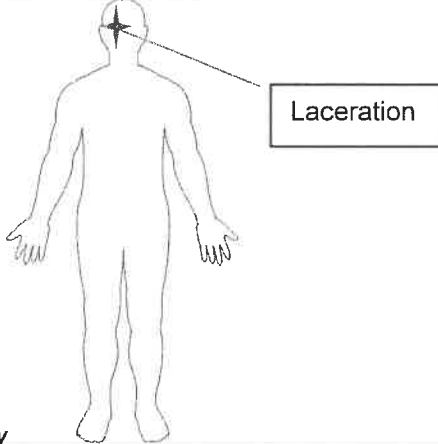
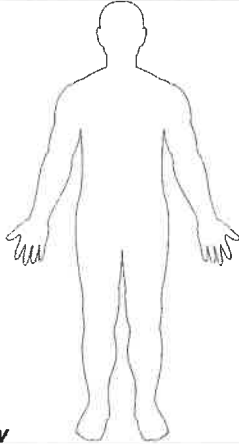
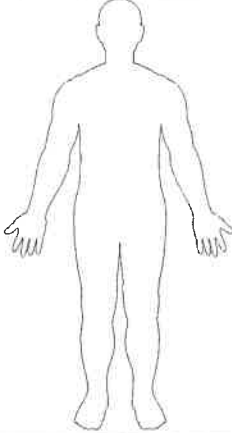
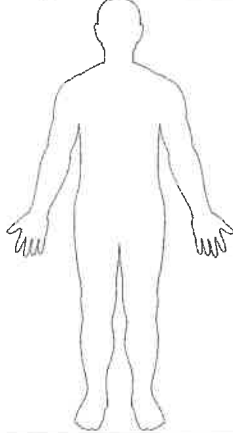


Response to Resistance Report

Key West Police Department


Case No: 22-2793

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: 05/12/2022		3. Time: 2330		4. Location: 210 Duval Street		5. Incident type: S2	
	6. Resistance Level		7. Explanation		8. Response Option		9. Explanation	
	<input checked="" type="checkbox"/> Passive:		Tensing/pulling away		<input checked="" type="checkbox"/> Physical Control		Take down	
	<input checked="" type="checkbox"/> Active:		Would not put hands behind back		<input type="checkbox"/> Non-lethal Weapon			
<input type="checkbox"/> Aggressive:		Attempting to ingest pills		<input type="checkbox"/> Deadly Force				
<input type="checkbox"/> Deadly Force:								
SUBJECT	10. Last Name: Truax		11. First: Michael		12. Race: W		13. Sex: M	
	14. DOB: 12/18/1986		15. Height: 5'07"		16. Weight: 180			
	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 checked="" 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 checked="" type="checkbox"/> Hospital <input type="checkbox"/> Detention			
								
22. Anterior View				Posterior View				
OFFICER	23. Officer: Jack Gruba		24. Race: W		25. Sex: M		26. Age: 26 27. Height: 6'00" 28. Weight: 190	
	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: 0.5			
	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: Takedown/physical control of suspect's head							
								
35. Anterior View				Posterior View				

Response to Resistance Report (continued)

Key West Police Department

Case No: 22-2793

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: 05/12/2022		
	41. Time: 2338 hours		
	42. Did you respond to the scene: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)		
	43. Did you watch all relevant videos associated with the use of force? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)		
	44. Did you meet with the Officer(s): <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)		
	45. During your review did you find any potential policy violations or training issues associated with the incident? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," list below)		
	46. Were you able to locate any independent witnesses: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," list below)		
47. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS			
48.  J. Conaty 3755		05/13/2022	
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:	

INCIDENT/INVESTIGATION REPORT

INCIDENT DATA

Case# 22-002793
Date / Time Reported 05/12/2022 23:16 Thu
Last Known Secure 05/12/2022 23:16 Thu
At Found 05/12/2022 23:16 Thu

Agency Name Key West Police Department
ORI FL0440100

Location of Incident 210 DUVAL ST, Key West FL 33040-
Premise Type All Other Other
Beat/GP B1, GPB1
#1 Crime Incident(s) Warrant Arrest ZOB (Com)
#2 Crime Incident ()
#3 Crime Incident ()

MO

VICTIM

of Victims 1 Type: SOCIETY/PUBLIC/STATE Injury: Domestic: N
V1 Society
Victim of Crime # 1 Age
Home Address
Employer Name/Address
Business Phone
Mobile Phone
VYR Make Model Style Color Lic/Lis VIN

OTHERS

INVOLED

CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)
Type: Injury:
Code Name (Last, First, Middle) Victim of Crime # DOB Age Race Sex Relationship To Offender Resident Status Military Branch/Status
Home Address Home Phone
Employer Name/Address Business Phone Mobile Phone

PROPERTY

Table with 8 columns: VI #, Code, Status, Value, OJ, QTY, Property Description, Make/Model, Serial Number. Rows include items like BWC 4156 and AXON BWC S62 4194.

Officer/ID# ROBERTS, ERIK (4194)
Invest ID# (0) Supervisor SIRACUSE, MARK W (3366)
Status Complainant Signature Case Status Cleared By Arrest 05/13/2022 Case Disposition: Cleared By Arrest 05/13/2022 Page 1

INCIDENT/INVESTIGATION REPORT

Key West Police Department

Case # 22-002793

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
	N	EVI	3.000	MG	CLONAZEPAM PILLS	Use

Assisting Officers
LEAHY, B.P. (2965), GRUBA, J.Z. (4156)

Suspect Hate / Bias Motivated:

INCIDENT/INVESTIGATION REPORT

Narr. (cont.) OCA: 22-002793

Key West Police Department

NARRATIVE

REPORTING OFFICER NARRATIVE

Key West Police Department

OCA 22-002793
Date / Time Reported Thu 05/12/2022 23:16

Victim

Offense
WARRANT ARREST

On Thursday 05/12/2022 at approximately 2317 hrs. I (Ofc. E. Roberts) responded to 210 Duval St. reference an intoxicated person. On my arrival Ofc. J. Gruba was already on scene.

On my arrival I saw Ofc. Gruba speaking with Michael Truax. Truax displayed signs of heavy intoxication. He appeared to have trouble balancing, spoke with slurred speech and had glassy blood-shot eyes. I collected his Florida ID and a routine wants and warrants check revealed an active arrest warrant out of Monroe County, FL.

While awaiting confirmation of the warrant from KWPD Communications, Truax swallowed an unknown number of small, round, green in color pills (Later identified as 1 mg Clonazepam).

When I returned to Truax from my patrol car Ofc. Gruba was attempting to stop Truax from swallowing the pills. Truax successfully swallowed an unknown number of the pills. During our attempts to stop his ingestion Truax became actively resistant by trying to pull away from Ofc. Gruba and I. Truax continued his resistance momentarily and was placed in hand cuff restraints.

KWFD Rescue 2 arrived on scene and evaluated Truax, who requested transport to Lower Keys Medical Center.

KWPD Communications confirmed the warrant for Truax.

Truax was transported to Lower Keys Medical Center in KWFD Rescue 2.

At approximately 0600 hrs I was relieved by Ofc. B. Leahy at LKMC, who will transport Truax to the Monroe County Detention Center after he is medically cleared by LKMC staff.

WARRANT INFORMATION:

Warrant number: MCS022WAR000960
Charge: Probation Violation (Resisting Officer)
Bond: No Bond
Judge: M. Jones
Date: 04/14/2022

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

My Axon In-Car Recording System was activated during transport and uploaded to Evidence.com.

Incident Report Suspect List

Key West Police Department

OCA: 22-002793

1	Name (Last, First, Middle) <i>TRUAX, MICHAEL PAUL</i>					Also Known As					Home Address <i>5537 COLLEGE RD KEY WEST, FL 33040</i>				
	Business Address <i>SALUTE, COOK</i>														
	DOB	Age	Race	Sex	Eth	Hgt	Wgt	Hair	Eye	Skin	Driver's License / State.				
	<i>12/18/1986</i>	<i>35</i>	<i>W</i>	<i>M</i>	<i>N</i>	<i>510</i>	<i>185</i>	<i>BRO</i>	<i>BLU</i>	<i>FAR</i>	<i>T620555864580 FL</i>				
Scars, Marks, Tattoos, or other distinguishing features															
Reported Suspect Detail															
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					
Notes							Physical Char								

Incident Report Related Property List

Key West Police Department

OCA: 22-002793

1	Property Description CLONAZEPAM PILLS			Make		Model		Caliber	
	Color Green	Serial No.		Value \$0.00		Qty 3.000		Unit MG	Jurisdiction Locally
	Status Evidence	Date 02/18/2022	NIC #		State #		Local #		OAN
	Name (Last, First, Middle) Truax, Michael Paul				DOB 12/18/1986		Age 35	Race W	Sex M
	<u>Notes</u>								

2	Property Description BWC 4156			Make		Model		Caliber	
	Color	Serial No.		Value \$0.00		Qty 1.000		Unit	Jurisdiction Locally
	Status Evidence	Date 02/18/2022	NIC #		State #		Local #		OAN
	Name (Last, First, Middle)				DOB		Age	Race	Sex
	<u>Notes</u>								

3	Property Description AXON BWC S62 4194			Make AXON		Model BWC		Caliber	
	Color	Serial No.		Value \$0.00		Qty 2.000		Unit EA	Jurisdiction Locally
	Status Evidence	Date 05/13/2022	NIC #		State #		Local #		OAN
	Name (Last, First, Middle)				DOB		Age	Race	Sex
	<u>Notes</u>								

CASE SUPPLEMENTAL REPORT

Printed: 05/13/2022 03:39

*NOT SUPERVISOR APPROVED*OCA: **22002793**

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

Investigator: *GRUBA, JACK Z (4156)*Date / Time: *05/13/2022 02:29:53, Friday*Supervisor: *(0)*Supervisor Review Date / Time: *NOT REVIEWED*

Contact:

Reference: *General Supplemental Report*

On May 12, at approximately 2315 hours, I, Ofc. Gruba, saw a male passed out in front of 210 Duval St.

I approached the male, later identified as, Michael Paul Traux, DOB: 12/18/1986, and woke him up. Ofc. Roberts arrived on scene. I asked for identification from Traux and he gave me his Florida issued ID card. Ofc. Roberts did a computer check to see if Traux had any wants or warrants. As he was doing so, I noticed some pills in Traux's hand. I asked Traux to hand me the pills or put them on the ground away from him. Traux gazed heavily at the pills and suddenly put the dozen or so pills in his mouth. To try and keep Traux from swallowing the pills I grabbed Traux's face. As I was doing so Traux pulled away. Trying to gain control of Traux and keep him from swallowing the pills, Traux's right temple area made contact with the sidewalk, causing a small laceration on his right temple. I called for Key West Fire Rescue because Traux had just swallowed about a dozen pills right in front of me. Ofc. Roberts came back from his patrol vehicle and said that there was a warrant for Traux's arrest. We attempted to put Traux in handcuffs, but he would not give us his right arm, which was under his body. After multiple verbal commands Traux finally gave me his arm. Key West Fire Rescue arrived on scene and Traux was transported to Lower Keys Medical Center for the pills he had ingested. I rode with EMS to the hospital.

After putting Traux into custody, I found 3 pills on the ground that matched the pills Traux had ingested. After a computer check, I found out that the pills were each 1 mg Clonazepam.

My BWC 4156 was activated during this incident.

End of supplemental.

Investigator Signature: _____

Incident Report Related Property List

Key West Police Department

OCA: 22-002793

1	Property Description CLONAZEPAM PILLS			Make		Model		Caliber	
	Color Green	Serial No.		Value \$0.00		Qty 3.000		Unit MG	Jurisdiction Locally
	Status Evidence	Date 02/18/2022	NIC #		State #		Local #		OAN
	Name (Last, First, Middle) Truax, Michael Paul				DOB 12/18/1986		Age 35	Race W	Sex M

Notes

2	Property Description BWC 4156			Make		Model		Caliber	
	Color	Serial No.		Value \$0.00		Qty 1.000		Unit	Jurisdiction Locally
	Status Evidence	Date 02/18/2022	NIC #		State #		Local #		OAN
	Name (Last, First, Middle) * No name *				DOB		Age	Race	Sex

Notes

Draft Only