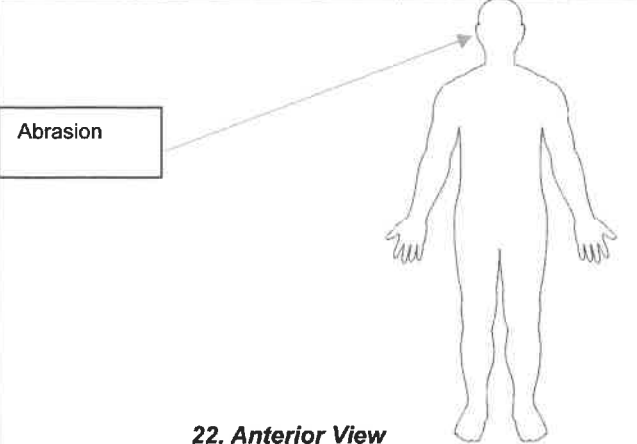
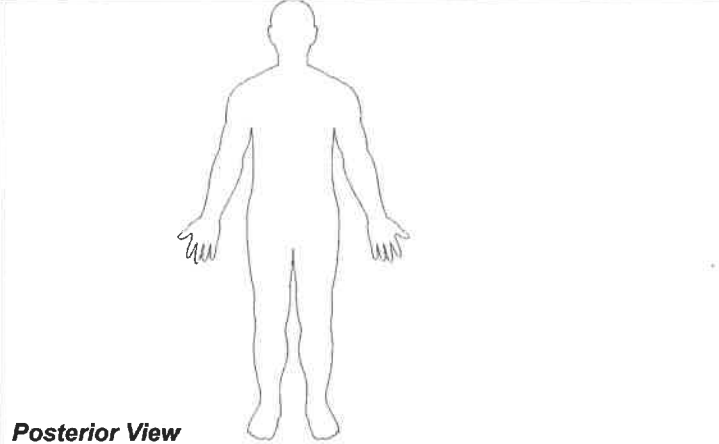
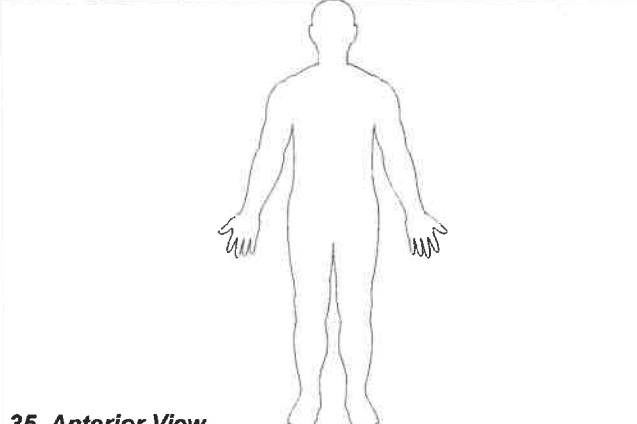
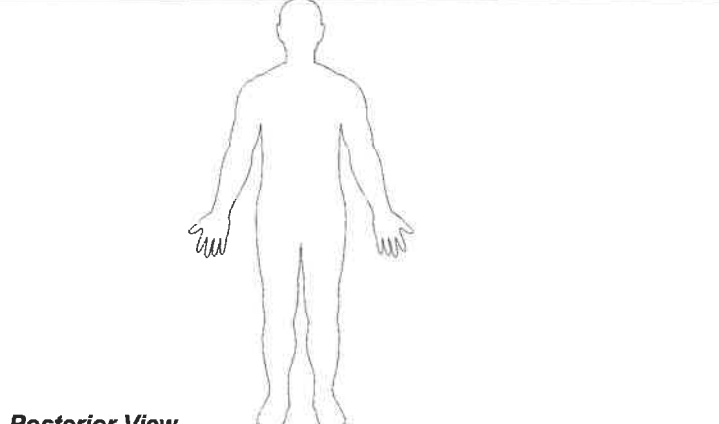


# Response to Resistance Report

Key West Police Department

Case No: 22-5490


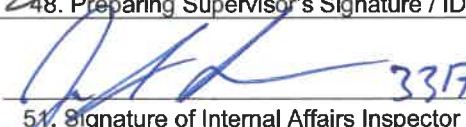
<b>1. A Response to Resistance Report will be completed by the supervisor for:</b> (Check all that apply)																					
<input type="checkbox"/> A response through the use of non-lethal weapons, <input checked="" type="checkbox"/> Applies weaponless physical force of strikes, kicks, or "take-downs" <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	<b>2. Date:</b> 09/24/2022 <b>3. Time:</b> 0307 <b>4. Location:</b> 2778 N. Roosevelt <b>5. Incident type:</b> S34/S2																				
	<table style="width:100%; border: none;"> <tr> <td style="width: 25%; border: none;"><b>6. Resistance Level</b></td> <td style="width: 25%; border: none;"><b>7. Explanation</b></td> <td style="width: 25%; border: none;"><b>8. Response Option</b></td> <td style="width: 25%; border: none;"><b>9. Explanation</b></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Passive:</td> <td style="border: none;">_____</td> <td style="border: none;"><input checked="" type="checkbox"/> Physical Control</td> <td style="border: none;">Modified arm bar</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Active:</td> <td style="border: none;">Tensing, pulling away</td> <td style="border: none;"><input type="checkbox"/> Non-lethal Weapon</td> <td style="border: none;">Takedown, leg sweep</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Aggressive:</td> <td style="border: none;">_____</td> <td style="border: none;"><input type="checkbox"/> Deadly Force</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Deadly Force:</td> <td style="border: none;">_____</td> <td colspan="2" style="border: none;"></td> </tr> </table>	<b>6. Resistance Level</b>	<b>7. Explanation</b>	<b>8. Response Option</b>	<b>9. Explanation</b>	<input type="checkbox"/> Passive:	_____	<input checked="" type="checkbox"/> Physical Control	Modified arm bar	<input checked="" type="checkbox"/> Active:	Tensing, pulling away	<input type="checkbox"/> Non-lethal Weapon	Takedown, leg sweep	<input type="checkbox"/> Aggressive:	_____	<input type="checkbox"/> Deadly Force	_____	<input type="checkbox"/> Deadly Force:	_____		
	<b>6. Resistance Level</b>	<b>7. Explanation</b>	<b>8. Response Option</b>	<b>9. Explanation</b>																	
	<input type="checkbox"/> Passive:	_____	<input checked="" type="checkbox"/> Physical Control	Modified arm bar																	
<input checked="" type="checkbox"/> Active:	Tensing, pulling away	<input type="checkbox"/> Non-lethal Weapon	Takedown, leg sweep																		
<input type="checkbox"/> Aggressive:	_____	<input type="checkbox"/> Deadly Force	_____																		
<input type="checkbox"/> Deadly Force:	_____																				
<b>10. Last Name:</b> Wallace <b>11. First:</b> Matthew <b>12. Race:</b> W <b>13. Sex:</b> M <b>14. DOB:</b> 12/071986 <b>15. Height:</b> 5.06 <b>16. Weight:</b> 160																					
<b>17. Did you observe the subject:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes     If NO, explain why in Section 42. If "YES", complete sections 18-22 <b>18. Appeared to be:</b> <input checked="" type="checkbox"/> Intoxicated <input type="checkbox"/> Under the influence of controlled substance <input type="checkbox"/> Emotionally / mentally disturbed <b>19. Injuries:</b> <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 ) <b>20. Photographed:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <b>21. Treated:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <b>By:</b> <input checked="" type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Detention																					
SUBJECT	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p><b>22. Anterior View</b></p> </div> <div style="text-align: center;">  <p><b>Posterior View</b></p> </div> </div>																				
	<b>23. Officer:</b> Erik Roberts <b>24. Race:</b> W <b>25. Sex:</b> M <b>26. Age:</b> 32 <b>27. Height:</b> 6.01 <b>28. Weight:</b> 300 <b>29. Duty Status:</b> <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 <b>30. Yrs Exp:</b> 11mo <b>31. Injuries:</b> <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) <b>32. Photographed:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>33. Treated:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>By:</b> <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital <b>34. Response option used by this officer:</b> Modified arm bar takedown, leg sweep																				
OFFICER	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p><b>35. Anterior View</b></p> </div> <div style="text-align: center;">  <p><b>Posterior View</b></p> </div> </div>																				



# Response to Resistance Report (continued)

Key West Police Department

Case No: 22-5490

<b>TASER USE ONLY</b>	<b>36. TASER® device serial #</b>	<b>37. TASER® device serial #</b>	
	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"/> <b>38. Check and list any additional TASER® devices, cartridges or details in the incident description section.</b>			
<b>REPORT</b>	<b>39. Offense/Incident Report and/or Warrant Affidavit must include:</b> <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.		
<b>SUPERVISOR'S INQUIRY</b>	<b>40. Notified Date:</b> 09/24/2022		
	<b>41. Time:</b> 0307		
	<b>42. Did you respond to the scene:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)		
	<b>43. Did you watch all relevant videos associated with the use of force?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)		
	<b>44. Did you meet with the Officer(s):</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)		
	<b>45. During your review did you find any potential policy violations or training issues associated with the incident?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," list below)		
	<b>46. Were you able to locate any independent witnesses:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," list below)		
	Name	Address	Phone Number
	<b>47. Is further review recommended:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
 3755 48. Preparing Supervisor's Signature / ID			
09/24/2022 49. Date			
<b>INT. AFF.</b>	<b>50. Did the review of this incident conclude that use of force was in compliance with Departmental policy?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", complete section 51)		
	 3317 51. Signature of Internal Affairs Inspector	2/13/2023 52. Date	
<b>53. If section 48 is "No" record the Professional Standards Control Number:</b>		<b>54. Date Entered:</b>	

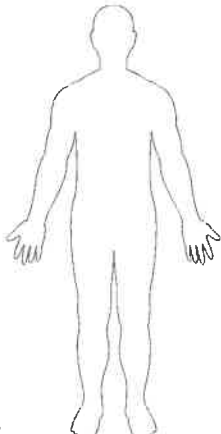
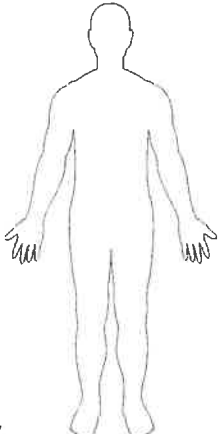
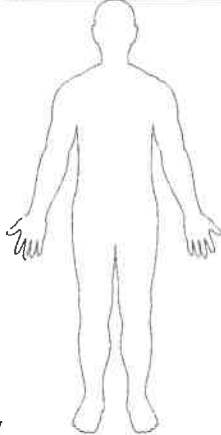
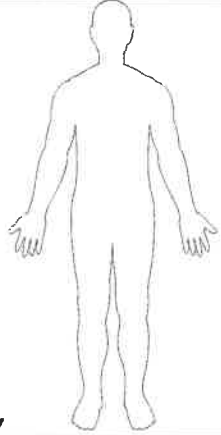


# Response to Resistance Report (continued)

Key West Police Department

22-5490Error!  
Reference source not  
found.

Case No: \_\_\_\_\_

<b>OFFICER</b>	<b>23. Officer:</b> Dylan Slaunwhite <b>24. Race:</b> W <b>25. Sex:</b> M <b>26. Age:</b> 24 <b>27. Height:</b> 5'7" <b>28. Weight:</b> 189					
	<b>29. Duty Status:</b> <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					<b>30. Yrs Exp:</b> 11mo
	<b>31. Injuries:</b> <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)					
	<b>32. Photographed:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>33. Treated:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>By:</b> <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital					
	<b>34. Response option used by this officer:</b> Modified arm bar takedown					
						
	<b>35. Anterior View</b>			<b>Posterior View</b>		
<b>OFFICER</b>	<b>23. Officer:</b> _____ <b>24. Race:</b> _____ <b>25. Sex:</b> _____ <b>26. Age:</b> _____ <b>27. Height:</b> _____ <b>28. Weight:</b> _____					
	<b>29. Duty Status:</b> <input type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment <input type="checkbox"/> Uniformed <input type="checkbox"/> Plain					<b>30. Yrs Exp:</b> _____
	<b>31. Injuries:</b> <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)					
	<b>32. Photographed:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>33. Treated:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>By:</b> <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital					
	<b>34. Response option used by this officer:</b> (If TASER®, also reference line number from TASER® section)					
						
	<b>35. Anterior View</b>			<b>Posterior View</b>		



**INCIDENT/INVESTIGATION  
REPORT**

INCIDENT DATA

Agency Name  
*Key West Police Department*

ORI  
*FL0440100*

Case# *22-005490*

Date / Time Reported  
*09/24/2022 02:55 Sat*

Last Known Secure  
*09/24/2022 02:55 Sat*

At Found  
*09/24/2022 02:55 Sat*

Location of Incident	<i>2778 N ROOSEVELT BLVD, Key West FL 33040</i>	Gang Relat	Premise Type <i>Highway / Street /</i>	Beat/GP <i>B5, GPB5</i>
#1	Crime Incident(s) <i>Assault / Threats SCB</i>	(Com)	Weapon / Tools <i>NOT APPLICABLE/NONE</i>	
		Entry	Exit	Security
#2	Crime Incident <i>Obstruction Of Justice XOX</i>	(Com)	Weapon / Tools	
		Entry	Exit	Security
#3	Crime Incident	( )	Weapon / Tools	
		Entry	Exit	Security

MO

VICTIM

# of Victims *2* Type: **SOCIETY/PUBLIC/STATE** Injury: Domestic: **N**

V1	Victim/Business Name (Last, First, Middle) <i>Society</i>	Victim of Crime # <i>2</i>	DOB <i>Age</i>	Race	Sex	Relationship To Offender	Resident Status <i>N/A</i>	Military Branch/Status
Home Address				Email			Home Phone	
Employer Name/Address						Business Phone		Mobile Phone
VYR	Make	Model	Style	Color	Lic/Lis	VIN		

OTHERS INVOLVED

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

Type: **INDIVIDUAL** Injury: **None**

Code	Name (Last, First, Middle) <i>SLAUNWHITE, DYLAN RICHARD</i>	Victim of Crime # <i>1</i>	DOB <i>10/15/1997 Age 24</i>	Race <i>W</i>	Sex <i>M</i>	Relationship To Offender <i>ST</i>	Resident Status	Military Branch/Status
Home Address <i>1604 N ROOSEVELT BLVD KEY WEST, FL 33040</i>				Email			Home Phone <i>305-297-9390</i>	
Employer Name/Address <i>(NONE)</i>						Business Phone		Mobile Phone
Type:				Injury:				
Code	Name (Last, First, Middle)	Victim of Crime #	DOB <i>Age</i>	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
Home Address				Email			Home Phone	
Employer Name/Address						Business Phone		Mobile Phone

PROPERTY

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/Td	Value	OJ	QTY	Property Description	Make/Model	Serial Number
	<i>35</i>	<i>EVID</i>	<i>\$0.00</i>		<i>1</i>	<i>BWC #154</i>		
	<i>35</i>	<i>EVID</i>	<i>\$0.00</i>		<i>1</i>	<i>COBAN #154</i>		

Officer/ID# *SLAUNWHITE, DYLAN R (4154)*

Invest ID# *(0)* Supervisor *CONATY, JAY THOMAS (3755)*

Status Complainant Signature Case Status *Cleared By Arrest* *09/24/2022* Case Disposition: *Cleared By Arrest* *09/24/2022* Page 1





# INCIDENT/INVESTIGATION REPORT

*Key West Police Department*

Case # 22-005490

Status Codes	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found					
	UCR	Status	Quantity	Type Measure	Suspected Type	Up to 3 types of activity
D R U G S						

Assisting Officers  
*ROBERTS, E. (4194)*

Suspect Hate / Bias Motivated:

## INCIDENT/INVESTIGATION REPORT

Narr. (cont.) OCA: 22-005490

*Key West Police Department*

NARRATIVE



## REPORTING OFFICER NARRATIVE

Key West Police Department

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

Victim

Society

Offense

ASSAULT / THREATS

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

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

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

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

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

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

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

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

Nothing further at this time.



## Incident Report Suspect List

Key West Police Department

OCA: 22-005490

<b>1</b>	Name (Last, First, Middle) <i>WALLACE, MATHEW TYLER</i>						Also Known As			Home Address <i>801 VIRGINIA ST - 3 KEY WEST, FL 33040 937-308-1144</i>		
	Business Address <i>NORTH AMERICAN SENIOR BENEFITS 937-308-1144, BENEFITS COORDR</i>											
	DOB <i>12/07/1986</i>	Age <i>35</i>	Race <i>W</i>	Sex <i>M</i>	Eth <i>N</i>	Hgt <i>506</i>	Wgt <i>165</i>	Hair <i>BRO</i>	Eye <i>BLU</i>	Skin <i>FAR</i>	Driver's License / State. <i>W420558864470 FL</i>	
	Scars, Marks, Tattoos, or other distinguishing features											
<b>Reported Suspect Detail</b>												
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: 22-005490

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

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





# CASE SUPPLEMENTAL REPORT

Printed: 09/24/2022 17:29

OCA: **22005490**

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

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Investigator: *BERNATOVA, ANDREA (4193)*

Date / Time: *09/24/2022 03:52:04, Saturday*

Supervisor: *CONATY, JAY THOMAS (3755)*

Supervisor Review Date / Time: *09/24/2022 05:35:41, Saturday*

Contact:

Reference: *General Supplemental Report*

---

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

\*\*\*BWC activated\*\*\*

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

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

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

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

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

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

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

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

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

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

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

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

Investigator Signature: \_\_\_\_\_

**CASE SUPPLEMENTAL REPORT**

Printed: 09/24/2022 17:29

OCA: **22005490**

---

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

---

Investigator: *BERNATOVA, ANDREA* (4193)

Date / Time: *09/24/2022 03:52:04, Saturday*

Supervisor: *CONATY, JAY THOMAS* (3755)

Supervisor Review Date / Time: *09/24/2022 05:35:41, Saturday*

Contact:

Reference: *General Supplemental Report*

---

Sgt. Conaty and Key West Rescue responded to the scene and after Rescue cleaned Wallace's injury, Ofc. Slaunwhite transported Wallace to Monroe County Detention Center for resisting Officer without violence.

**Investigator Signature:** \_\_\_\_\_

**CASE SUPPLEMENTAL REPORT**  
*NOT SUPERVISOR APPROVED*

Printed: 09/24/2022 17:33

OCA: **22005490**

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

---

Investigator: *ROBERTS, ERIK (4194)*

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

Supervisor: *(0)*

Supervisor Review Date / Time: *NOT REVIEWED*

Contact:

Reference: *General Supplemental Report*

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

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

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

Investigator Signature: \_\_\_\_\_

